

THE TIMES AND REGISTER.

A Weekly Journal of Medicine and Surgery.

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SEE "MERCK'S INDEX," PAGES 106 AND 167

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Notes and Items.

A LONDON correspondent of the Cincinnati *Lancet-Clinic*, says that a young medical student in a London Hospital found by the ophthalmoscope in a glass eye "choroiditis with detached retina."

INSTANTANEOUS CURE OF WHOOPING-COUGH.—In the *Archives of Pharmacy*, 1880, page 382, is stated that the instantaneous cure of whooping-cough was attained by Dr. M. Mohn, as a result of accidentally observing that the disinfection of the sick-room of the whooping-cough patient by sulphurous acid caused the disappearance of the paroxysms with rapidity bordering on the marvellous. The patients are freshly clad in the morning, and placed in another room, in which they remain during the day. Meanwhile, 25 gm. of sulphur is burned in the sick-room to each cm. of space; and after the bed-clothing, garments, etc., have been properly spread out, and the sulphurous acid been permitted to permeate the air for five hours, the patients return to their disinfected sleeping rooms in the evening, and are cured of whooping-cough.

Physicians may not generally be aware of the fact that sulphur bricks are obtainable which may be burned to secure the effects of sulphurous acid by inhalation, or for general disinfectant purposes. Parke, Davis & Co. supply these, as well as a general line of disinfectants for household use, and will afford physicians all desired information concerning them on request.

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Physician to the German Dispensary, New York.

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(See New York Medical Journal, July 20, 1889, page 72.)

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Prof. M. Semmola, M.D., of Italy, says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

Prof. Wm. A. Hammond, M.D., in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and he then said:

"Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the cocaine has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless."

"I therefore asked a well-known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable.

"A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. *It is the Health Restorative Co.'s preparation.* (*Italics ours.*)

"I have found it particularly valuable in cases of dyspepsia and weak stomach. The cocaine appears to have the power to reduce the irritation of the stomach and make it receptive of food. In extreme cases, where the stomach refuses to take anything, a teaspoonful of the wine may be tried first; the stomach will probably reject it. Another teaspoonful may be given, say fifteen minutes later, and this will possibly share the same fate; but by this time the cocaine in the wine will have so reduced the irritation of the stomach that the third teaspoonful will be retained, or at least the fourth or fifth, and the stomach thus conquered will be in a condition to retain food, which should be given without the wine.

"This wine of coca may be taken by the wineglassful, the same as an ordinary wine; there is no disagreeable taste; in fact, it tastes like a good Burgundy or Port wine. Taken three times a day before meals or whenever needed, it has a remarkably tonic effect, and there is no reaction. The article produces excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results."

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R.—Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

In the dose of one or two pills, three times a day, "Febricide" will be found to be possessed of great curative power in Malarial Affections of any kind, and in all inflammatory diseases of which Fever is an accompaniment. For Neuralgia, Muscular Pains, and Sick Headache, it appears to be almost a specific. Reports received from Physicians of eminence warrant us in recommending "Febricide" in the highest terms to the Medical Faculty.

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Dr. A. J. Rogers, Junia, Neb., writes: Your sample of FEBRICIDE had not been in my hands an hour when I was called to see an old lady suffering severely with Rheumatism and Hyperesthesia which was very general, and also with Asthma, of which she had suffered for many years. I gave her a pill three times a day until she had taken eighteen. She began to get relief after the fourth pill and continued to improve. By the time she had taken twelve pills, Rheumatism and Acute Sensitiveness were no more, and she has not felt anything of them since.

Dr. J. A. Brackett, of Pembroke, Va.: "I have used Febricide in case of childhood fever with remarkable effect, temperature 103°. I had tried other usual remedies without much change; soon after using Febricide the change was like magic."

Dr. C. E. Dupont, of Grahamville, S. C.: "Febricide has proved of great benefit to the patient I tried it on. It was a case of Malarial Toxæmia in an old lady; the attacks had become very irregular and lately had been attended with intercostal neuralgia, which alarmed her exceedingly. The pills acted well and quickly, as heretofore it usually took me ten days, at least, to relieve her of an attack, but this time she was up on the fourth day and wanting to go on a visit."

P. M. Senderling, A.M., M.D., of Jersey City, N. J. writes: July 13 I was called upon to visit a lad aged 18 years, who had been suffering for over two weeks with, as alleged, "Inflammatory Rheumatism," and had been attended by another doctor and discharged as convalescent a week prior to my first visit. I found him in this condition; pulse 110; temperature (under tongue) 103 3/5; the right knee-joint greatly swollen and intensely painful, a troublesome diarrhea also present. Careful inquiry and examination demonstrated to my mind that the difficulty or "Materies Morbi" was clearly traceable to malarial influence. I at once placed him under the treatment which for years I had found most efficient, but up to the 16th I had utterly failed to reduce either his temperature or frequency of pulse. On my morning visit of 16th I found his condition thus; temperature (under tongue) 104 2/5; pulse 116 and his general condition indicative of great suffering. I at once suspended all other treatment and gave him one pill "Febricide" every three hours. At 8 P.M., 16th inst. I found my patient much better, his temperature had fallen to 102; pulse 96; and his general appearance indicating decided improvement in every particular. On 17th his temperature had fallen to 101 1/5; pulse 90; 18th 100 1/5; pulse 90, and with great improvement in condition of knee joint, the swelling, abnormal heat and sensitiveness were entirely gone. I am so confident this case will speedily and perfectly convalesce, that I do not deem it necessary to delay communicating the result of my first trial of the "Febricide." I will say that in this case antifebrin and antipyprin were successively tried in full doses, and to meet the synovitis, full doses of quinine and salicylate of soda were also used; the local treatment being alkaline lotions which I did not discontinue.

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I trust the profession will give them a trial, feeling confident that they will be well pleased with the results obtained. Yours respectfully,

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"STANDARD." Fig. No. 6.

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Figure No. 10.—Illustrates the STANDARD set with double inclination. The patient gets upon the step with her left side toward the table and adjusts her clothing, rests her thigh across its end, reclining upon her left side, carrying her left arm back and her left ankle upon the rest, her right knee over and above its fellow against the guide, and her head upon the pillow. The physician then tilts by means of the sliding levers. The patient will be comfortable for any reasonable length of time, and no physician need say, "I cannot use Sims' Speculum, or utilize the side position without the aid of a skilled assistant." Let down the inclinations before the patient descends.

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"STAR." Fig. No. 18.

Figure No. 18.—Illustrates the STAR raised at both foot and back for relaxing the abdominal muscles. The stirrups and step are drawn out.

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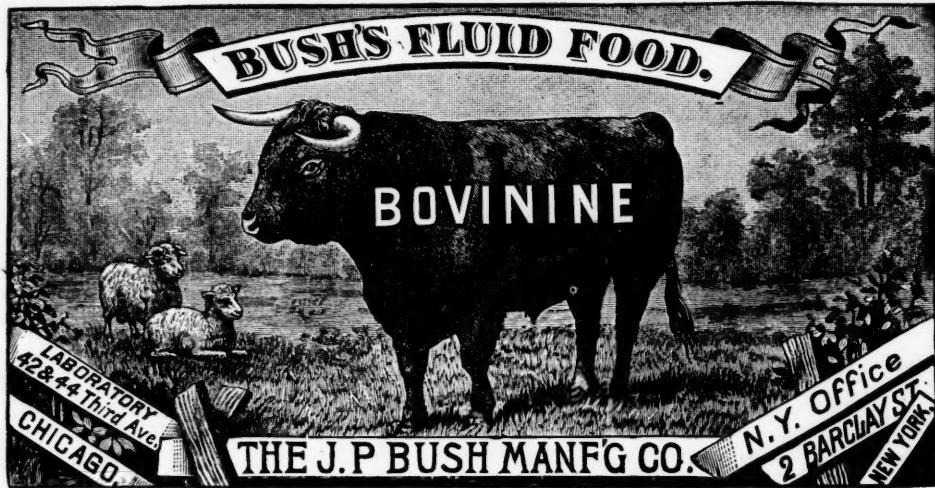
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FROM AN ESSAY READ BEFORE THE AMERICAN MEDICAL ASSOCIATION AT WASHINGTON, D. C., MAY 6th, 1884,

BY B. N. TOWLE, M.D., OF BOSTON.

"Nervous debility and neuralgia are often the results of nerve starvation. They are now, more than ever, the dread of every intelligent physician, and the terror of all business men. The weary hours of pain, and the sleepless nights of those suffering from nervous diseases, are but the beseechings of an exhausted nerve for food. Hungry and starved, they make their wants known by the pain they set up as their only agonizing cry; and no medication will give permanent relief until the hunger is satisfied."

Our research, then, must be to find a more easily digested and assimilated food.

Observation seems to sanction the fact that vegetable food elements are more readily assimilated by persons of feeble digestion than are the animal food elements, and especially when they have undergone the digestive process in the stomachs of healthy cattle. The juices of these animals, when healthy and fat, *must* contain all the food elements in a state of solution most perfect, and freed from all insoluble portions, and hence in a form more easily assimilated than any other known food.

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Raw Food is equally adapted to lingering acute diseases. I have used it in the troublesome sequelæ of scarlatina, where there was exhaustion from abscesses in the vicinity of the carotid and submaxillary glands; and in protracted convalescence from typhoid fever, with marked advantage. The cases that I especially value it in are laryngeal consumption and nervous exhaustion, in which cases there is always more or less derangement of the digestive tract, such as pain in the stomach, constipation, eructation of gases, distress after taking food, etc. Raw Food should be taken with each meal, the patients taking such other food as they can readily digest, in quantities suited to the individual case.

It adds much to the nutrition of the patient, overcomes the constipation, subdues the nervousness by increasing the strength, and is just the amount added which is required to secure success."

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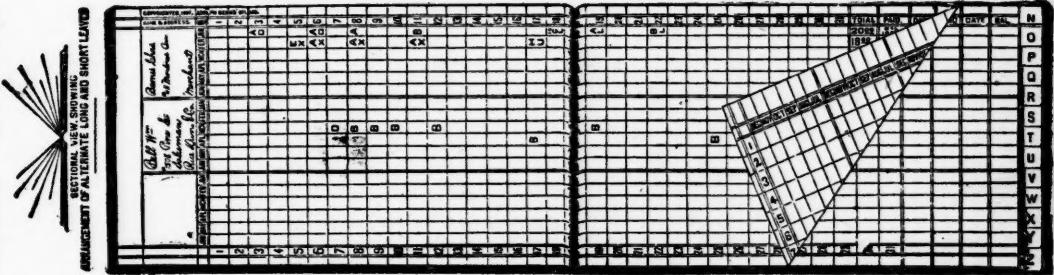
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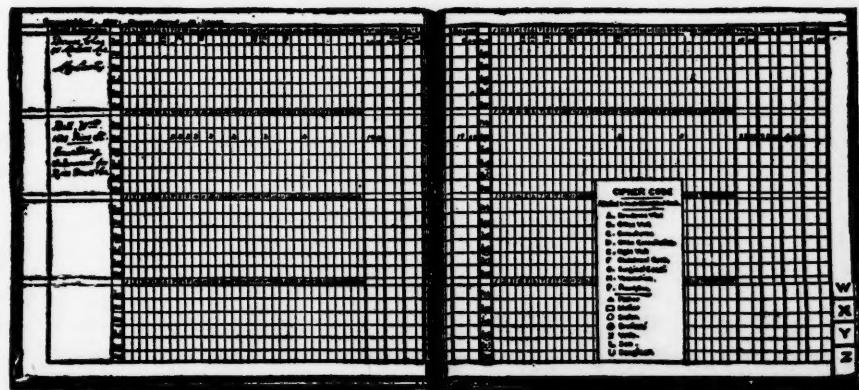
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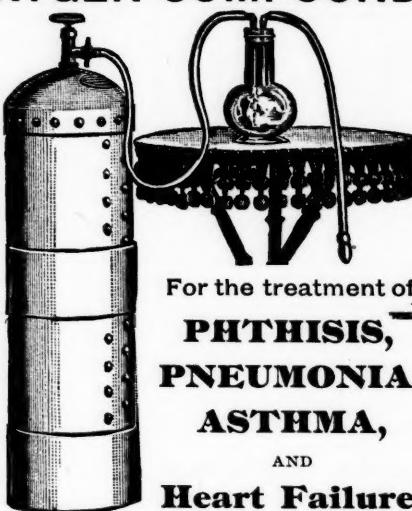
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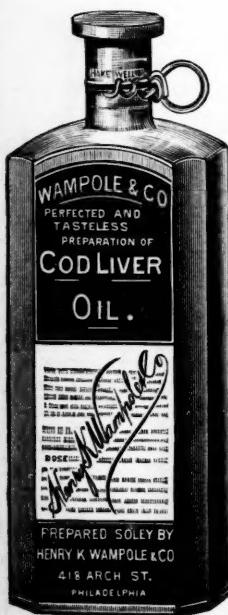
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Clinical Lecture.

(Delivered in the Pennsylvania Hospital, Oct. 5, 1889.)

BY THOMAS G. MORTON, M.D.,

Professor of Orthopaedic Surgery in the Philadelphia Polyclinic; One of the Attending Surgeons to the Pennsylvania Hospital and to the Orthopaedic Hospital, etc.

AMPUTATION OF FORE-ARM—REMARKS UPON TREATMENT OF WOUNDS.

THE first patient is a man twenty-five years of age, who was admitted sixteen days ago: it is a case of machinery crush of the left hand and fore-arm. He was brought at once to the hospital, and amputation of the fore-arm, at about the middle, was done within two hours after the injury was inflicted. The dressings have not been removed nor disturbed since they were applied. As you see, they are perfectly dry and free from odor. There has been no suppuration. This is due to the fact that certain precautions were adopted in operating, and particular dressings employed. Those of you who were here last year know what these precautions and dressings are, and why they have been called "antiseptic."

Suppuration requires three conditions: moisture, warmth, and living organisms. Leave out any of the three, and suppuration will not occur. We cannot avoid warmth and moisture in such cases, but we can prevent infection by living organisms, and for this purpose we find nothing equal to bichloride of mercury in solution (1-2000 or 1-4000). It requires some care, of course, in handling a mercurial solution, and occasionally it affects a nurse or attendant, who

has his hands frequently wet with it, but this can be easily avoided by ordinary care and prudence.

After the amputation, several strands of cat-gut ligature were left protruding from one corner of the wound, for drainage, and the flaps were brought together with cat-gut sutures. There are many kinds of drains in use, rubber, glass, and so on, but if we use a foreign body of this kind, we are obliged to open the wound earlier than if a gut drain is used, because a drain which cannot be absorbed prevents complete closure of the wound. Therefore, I prefer a drain of cat-gut, which causes no irritation and is finally dissolved and absorbed, after it has fulfilled its purpose; and the dressings may then remain undisturbed for weeks if desired.

The antiseptic treatment of wounds consists in a series of manipulations performed upon a part before, during and after the operation; and unless these are all carried out systematically and completely, it is not true antiseptic treatment. Partial antiseptic treatment is not antiseptic treatment at all; it is merely a pretence and a delusion. Unless you adopt the system in full, your results will be unsatisfactory, human life will be sacrificed and you will fail in your duty to your patients.

Although the stump has healed perfectly, except at the spot where the drain came out, we will re-apply the dressings as at first, using the wet bichloride gauze and iodoform, covered again by absorbent cotton as before. This will be worn a week longer. We would not have disturbed the dressings to-day, had the man not wanted to go home.

Immediate union is now the rule after amputations, it was formerly a rare exception. I have had it after amputations of thighs where I have not dressed them for three weeks following the operation, and with perfect recovery.

You notice that I place directly over the surface of the wound a piece of what we call protective; it is simply a piece of oiled silk, coated with copal varnish and dextrine. It is merely for the purpose of preventing the dressing adhering to the sutures, and as it keeps moist so allows drainage from the stump. By the use of this method we have union of wounds at once, which was almost impossible before the introduction of antiseptics into surgery. We now have immediate union of skin, cellular, muscular and fibrous tissue after amputations, just as readily as in simple incised wounds. Moreover, we used to have occasionally secondary hemorrhage after amputations, at the time when the ligature came away from the artery. Now, we avoid, by using ligatures that become absorbed, the dangers of suppuration and pyemia as well as secondary hemorrhage.

DISLOCATION OF THE FORE-ARM BACKWARDS.

This boy, ten years of age, has just come into the hospital with a recent injury to his arm, owing to falling from a box and striking his hand with some force upon the ground.

We have here a deformity of the right elbow, which is very evident when we compare it with the left one. There must be something here that is not right: either a dislocation or fracture, or possibly both. There is widening of the space between the condyles of the humerus, and the olecranon is not in its place. The arm is held nearly extended or only slightly flexed, and attempts to extend or flex it further produce pain.

The signs of fracture are abnormal mobility, crepitus and deformity. Very often in children a separation occurs between the shaft and the end of the bone which enters into the articulation—the epiphysis—as a result of violence like this, instead of an ordinary fracture. As I can trace the whole length of the ulna with my finger, such a condition does not exist in this patient.

In these cases it is always proper to administer ether and make a thorough examination and establish your diagnosis. I now find that there has been a dislocation of the bones of the fore-arm backwards and upwards, while the lower end of the humerus has slipped forwards.

It is very important to make a diagnosis as early as possible, because in the first place the diagnosis governs the treatment; and, secondly, because the difficulty of reducing the dislocation, rapidly increases with the lapse of time; moreover, it is easier to make the diagnosis before much swelling has taken place. Dislocations soon become old, and it may then be impossible to reduce them at all, because the parts have become rigid and the articulation itself affected by inflammatory changes, so that it would finally require an extensive operation with division of the lateral ligaments and fibrous bands, and even then we may fail to effect reduction.

By falling upon the open palm, the ulna and radius have been driven upwards and backwards; now, by reversing this and making traction and at the same time flexing the fore-arm and holding the humerus firmly with the other hand, the dislocation is at once reduced. Nothing is now needed beyond confining the arm in a bandage, and carrying it in a sling for a few days.

DOUBLE HYDROCELE—TREATMENT BY EXCISION OF PART OF THE SAC.

This man, 26 years of age, has an enlargement of the scrotum, which has existed for at least eight years. It is a hydrocele, a very common affection. In this case we find the swelling on both sides, which is not common. When we speak of hydrocele, we naturally think of it as it occurs in the male; but it may occasionally be found in women, making its appearance in analogous parts, in the inguinal canal near the round ligament.

Now, hydrocele consists in a collection of fluid in the tunica vaginalis testis, or the sheath of the spermatic cord, or alongside of the cord. It may be on either side or both sides.

Hydrocele, as it appears in the scrotum, presents us with a tumor more or less pyriform in shape, and more or less hard; the quantity of fluid may vary from a few ounces to a gallon. I have seen such a tumor extend to the patient's knees, and contain a gallon or more of fluid.

The diagnosis is easily made. All the disorders of the testicle may be excluded by taking the patient into a dark room, and with a candle attempt to pass light through the tumor. If it is perfectly transparent, it is a hydrocele, containing clear fluid, which is identical with the serum of the blood. Hernia is excluded by the fact that no impulse is transmitted to the tumor when he coughs.

In such cases there is often a history of injury to the part, or it may be caused by horse-back riding; it has been observed that cavalrymen are especially subject to it.

There are two plans of treatment—the palliative and the radical. The first consists in simply drawing off the fluid with a trocar, and repeating the operation as often as it re-accumulates. The radical operation has for its object the obliteration of the cavity by inflammatory adhesions. We may accomplish this by the injection of iodine, or some other irritant; the insertion of a seton, and leaving it in for twenty-four hours; or, by cutting down and removing part of the tunica vaginalis testis. One of the oldest methods was by injection, after removal of the fluid with a trocar. The older surgeons were very fond of the injection of port wine. But the tincture of iodine, full strength or diluted one-half with alcohol, has stood the test better than any other that has been proposed. This is thrown into the sac and, after being retained a minute or two, is allowed to escape. The caustic gives rise to violent irritation, congestion and inflammation, accompanied by the effusion of lymph, which occludes the sac and produces the cure.

We introduce the trocar in front, directing its point downward, so as to avoid striking the testicle, which is at the upper and back part. Sometimes the tunica vaginalis is greatly thickened, and it is exceedingly tough after the affection has existed for years. In such patients you will often fail with iodine. In this case I will perform the radical operation by excision of part of the sac, and will give him a little ether before beginning. I find upon incising the sac that the cellular tissue in its interior is quite edematous, and we will remove this with the scissors. The fluid of a hydrocele is ordinarily clear; but it may be as white as milk, due to the presence of spermatozoa which have escaped into the sac.

When treating a hydrocele by injections, you should always be sure that it is not the congenital variety, for in such a case there is often a connection between the cavity of the sac and the general peritoneal cavity. In very young infants it is better to resort to external applications, such as painting with iodine, the application of pressure, etc. If you do inject, pressure should be made over the internal ring so as to prevent the passage of the fluid through into the abdomen, where it might cause peritonitis.

[The operation by incision, taking away part of the sac, and snipping off the edematous cellular tissue, was repeated upon the other testicle, and the wounds brought together with three or four points of interrupted cat-gut suture, and dressed with protective, iodoform, and gauze.]

DIABETIC GANGRENE OF FOOT.

The next case is one of diabetic gangrene of part of the foot of a laborer fifty years of age—a colored man. We know that gangrene is going on here. The parts are discolored, devitalized, and have an offensive odor. Gangrene may arise from many causes. A heavy weight might fall upon the foot and crush it, and lead to loss of circulation and death of the part; but here is gangrene coming on apparently without cause. We find it associated with glycosuria, and we call it diabetic gangrene. It is a very interesting fact that patients with sugar in their urine are especially liable to gangrene, owing to local changes in the circulation. We know that it is diabetic, because the patient's urine responds to both the chemical and fermentation tests.

The gangrene affected the third toe of the right foot upon his admission; it now has extended to the fourth toe and part of the dorsum and sole of the foot. There is no line of demarcation forming. The propriety of an operation is questionable. We will merely remove the dead parts because the mass is putrefied and very offensive.

Dr. William Hunt, one of my colleagues on the staff of this hospital, has reviewed this subject in a paper read last December before the County Medical Society, from which I will make a few extracts.

In the first place, as to the diagnosis between this and senile gangrene, he observes that this is a moist, the other is a dry gangrene. As regards frequency, in forty-seven years the records of this hospital only show fifty-nine cases of diabetes altogether; from 1842 to 1848 there was not a case admitted; from

1858 to 1869 there was not a case admitted; and in the Philadelphia Hospital it is also rare, so that among the poor, diabetes is an uncommon affection. Dr. Hunt sent out queries to a few physicians of this city to ascertain the frequency of the complication. Thirty answers were received; of these seven respondents had seen no gangrene in diabetic patients, twenty-five reported sixty-four cases. The ages, where given, were: 1 between 30 and 40; 2 between 40 and 50; 11 between 50 and 60; 12 between 60 and 70; 10 between 70 and 80; 2 between 80 and 90. Of the sexes given, 24 were females and 25 males. Of social standing, where given, 16 were wealthy, 23 medium, 9 poor, and of the latter 6 were in hospital. The seats of gangrene, where reported, are lower extremities—below the knee 37, thigh and buttocks 2; nucha 2, external genitals in females 1, lungs 3, fingers 3, back 1, eyes 1. Among these, boils and carbuncles are not included. As to the mode of death, Dr. Hunt considers consumption as rather an accidental complication, and that the usual mode of death is by coma, edema of lungs, or exhaustion. Emaciation is often entirely absent.

As regards the question of amputation, it is better to leave such patients alone; but it is justifiable to remove an offensive mass which makes the patient shunned by others. There is no line of demarcation, but we will attempt to secure healing here by immediate union, and will apply the usual antiseptic dressing. We find the bone separated from peritoneum and the tissue in bad condition. The third metatarsal bone is divided by the bone forceps at about its middle. We now pass a drain through from back to front, having scraped the wound with the curette to separate dead tissues. I show you here a new instrument, the douche-curette, having a hollow handle, through which a current of bichloride solution flows while you are scraping the surface, keeping the field of operation clean, and the spoon clear, thus enabling the operator to observe what he is doing.

Original Articles.

THE TREATMENT OF NEURALGIA.

BY E. P. HURD, M.D.,

PROPHYLACTIC TREATMENT.

IDIOPATHIC neuralgia, like the other neuroses, is a hereditary disease. The descendants of the neuralgic subject—one, or more of them—were either neuralgic, or were sufferers from hysteria, epilepsy, or some other neurosis; or, the parent may have impaired a naturally good constitution by intemperance or some other vice, and so entailed on the offspring that instability of nerve-organization which, under suitable provocation, finds expression in some form of neuralgia.

There are, of course, exceptions to the rule that neuralgia is a hereditary disease; children born healthy have had their constitutions undermined by insufficient diet, by some one or more of the diseases

peculiar to children (as scarlet fever or diphtheria), or even by precocious addiction to some vice, etc.

Children who have inherited the neuralgic temperament should not be allowed to study too hard at school, and should not be subjected to physical tasks of an arduous and exhausting nature. Moderation in all things should be the rule. Such subjects are unfitted to bear a strain. At the same time, they should be required to walk in the open air, to indulge in invigorating sports, to perform gymnastic exercises of certain kinds which can be borne without too much fatigue, to practise rowing, horse-back riding, swimming. The cold bath, or cold douche in the morning is a good auxiliary. All these hygienic measures improve the circulation and develop a strong muscular and nervous organization. Hydrotherapy especially toughens the integument and prevents the frequent occurrence of debilitating rheums.

To these means should be added a full, generous diet of meat, eggs, fish, milk, cereals, vegetables and fruits. Very many cases of neuralgia have been traced to a meagre and insufficient dietary. When we remember that neuralgia is essentially a disease of malnutrition, and that nerve substance is a conglomerate of richest animalized principles (phosphorized oleo-albumen), we see that we must place in the foremost rank of remedial agencies those means which improve or restore the nutritive functions.

Some of the worst forms of migraine, prosopalgia, etc., that I have ever seen were among the poor and ill-fed. For delicate, half-starved, children brought up in slums and crowded tenement houses there can be but little hope; out of these breeding-places of disease come multitudes of the hysterical, the neuralgic, the nervously shattered, who float about between the hospital and the alms-house.

The neuropathic child should be taught the necessity of plenty of sleep. Too much emphasis cannot be placed on this requirement. Eight, even ten hours sleep a day is not too much. Those predisposed to neuralgia should be compelled to go to bed early—between the hours of nine and ten every night, and all evening excitements should be forbidden. Among the latter should be mentioned the reading of dime novels.

As everything that favors the precocious development of the passions is bad, the evil influence of corrupt companions is to be deprecated and avoided by every possible means. It is, however, a matter of great difficulty for the parent or guardian always to avert such influences, for the cousin or class-mate of the moral and "goody" sort is often the one who in secret instils the poison and corrupts the nature of the child.

Doubtless the evils of masturbation, as practised by children, have not been too highly painted. The neuropathic child cannot be too early, too earnestly or too faithfully warned against the pernicious effects of this vice.

PROPHYLAXIS IN THE ADULT.

The adult, who, by faulty organization, by debilitating influences, by previous attacks of neuralgia, is predisposed to this neurosis, demands essentially the

same prophylactic hygiene as has been above outlined. He should possess some light, healthy employment, and avoid occupations that involve arduous toil and great anxiety. Good, nutritious food at regular seasons should be eaten, and alcoholic and other stimulants eschewed; the neuralgic should also religiously refrain from smoking. These patients are prone to seek excitement, and often suffer a breakdown in consequence. One patient with whom I was acquainted, used invariably to experience a return of her megrim after going to an evening party or a ball. Such persons are uncommonly vivacious under excitement, and endure well the strain for the time being. They are, however, capable of using up in one evening's dissipation all their reserve force, and of bringing their nerve-centers into a state of unnatural erethism that weeks of rest may not calm.

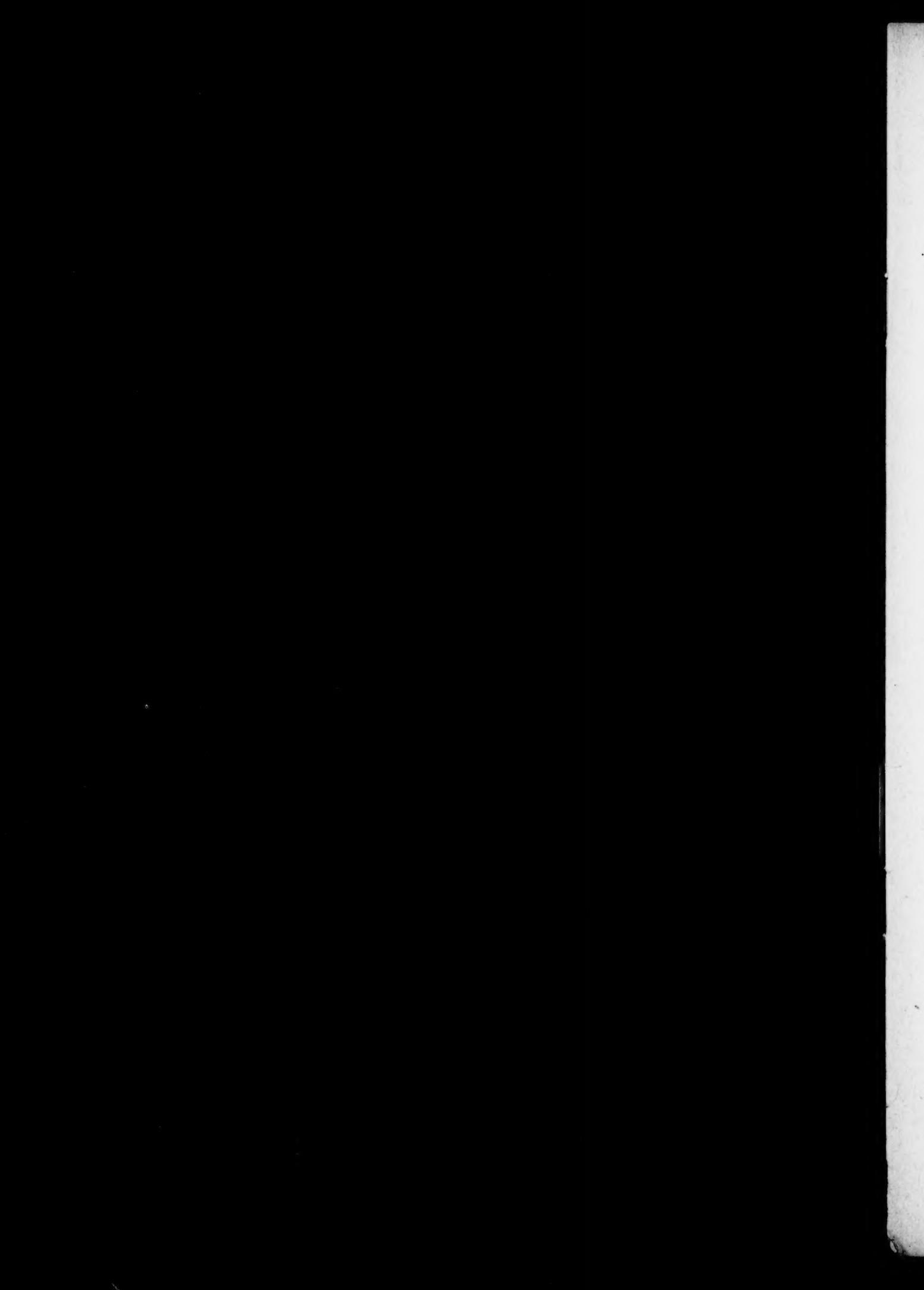
The condition of these sufferers is often deplorable. Of fine literary and aesthetic tastes, they cannot long enjoy reading, artistic pursuits, etc., without paying the penalty in an attack of severe orbital or supra-orbital neuralgia. One of my acquaintances cannot read an hour consecutively without twinges of pain through his temples, which oblige him to desist. He regards himself as shut out from the best enjoyments of life; is gloomy and suicidal. Persons of this temperament need an especially fortifying regimen; of which life on the sea (yachting), in the woods, among the mountains, with absolute freedom from brain work, shall form the principal part.

Some writers (as Vanlier and Anstie), have found excessive religiousness a factor in the genesis of neuralgia; but doubtless an ardent espousal of the most gloomy theological beliefs is less harmful than the indulgence of depressing vices, or the cultivation of voluptuous appetites.

The same remarks that have been made about sleep, are applicable to the adult neurotic, who should have regular habits of sleep, and whose sleep should be long and sound. If he happens to be a poor sleeper, he should endeavor to woo tired nature's sweet restorer, by taking much exercise in the open air, and especially diverting exercises, by cold bathing in the morning, and the warm bath just before going to bed, with vigorous shampooing of the body, along with the sipping of a cup of hot water containing some mild cordial, as spirits of lavender, or even a little Cibil's Fluid Beef; this is far better than resorting to any of the ordinary hypnotics, as chloral and sulphonial, which are sure, in the end, to leave the nervous tonus damaged. It is only exceptionally that I would allow a neuropathic patient to apply to any of the so-called hypnotics for relief. Where a small dose of whiskey, or a glass of bitter ale will produce refreshing sleep, this is safer than chloral or a narcotic. Sometimes it makes a great difference what the victim of insomnia eats for her supper, and there are all sorts of idiosyncrasies in regard to this. Some persons will sleep better with a full, some with an empty stomach. To some patients your best prescription is a supper of hominy and milk; to others, a light lunch, or cup of beef tea on going to bed.

Above all things, the neuralgic invalid should have a mind at ease, for anxiety, care, worry, over-





mastering passions, are the greatest foes to healthful sleep.

As adjuvants to a cure, there are certain tonic medicines which deserve mention here: quinine, strychnine, iron, arsenic, and a very moderate amount of some of the fermented liquors, wine and beer. To the anæmic, iron and arsenic are especially useful; a good combination is the *iron, arsenic and strychnine pill*, furnished by a number of our pharmacists.

Fothergill's pill is a good stomachic tonic. Its formula is as follows:

R.—Acid. arseniosi	gr. j.
Ferri. sulph. exsic.	3 ss.
Pulv. capsici	3 j.
Pil. aloes et myrrh	q. s.

M.—Ft. pil. No. LX.

Sig.—One pill three times a day.

Or five minimis of Fowler's solution may be associated with ten grains of bicarbonate of sodium and five of potassio-tartrate of iron in a fluid ounce of infusion of quassia, this dose to be given after each meal.

Arsenic is one of the best anti-neuralgic remedies that we possess. According to Anstie, it is especially useful in the visceral neuralgias. With arsenic, cod-liver oil may often be conjoined to advantage. More satisfactory results will be obtained from the pure oil, when it can be borne, than from any of the emulsions, of all of which, according to my experience, patients soon tire. Too much care cannot be taken that the oil shall be perfectly sweet and fresh.

A course of electric treatment (galvanism preferably to faradism), sometimes works well; both by calming the erethism of the nerve centers, and promoting the nutrition of the latter. The electrical treatment of neuralgia will claim especial consideration in another article.

Treatment of Diatheses which lead to Neuralgia.—Neuralgia is sometimes under the dominance of a diathesis such as gout, chlorosis, rheumatism, hysteria, diabetes. The treatment which is devoted to the diathesis is the proper treatment of the neuralgia.

Neuralgia of Toxic Origin.—Neuralgia may be dependent on a poison in the blood; lead, mercury, arsenic, alcohol, malaria. Here the leading indications are: 1, to suppress, then antidote, then promote elimination of the poison; 2, as far as possible to protect the organism from the effects of the toxic agent, and palliate symptoms as they may arise. It is evident that when the proper antidote can be administered, this is the remedy *par excellence* for the neuralgia. In malarial neuralgia, for instance, quinine in large doses is indicated. In alcohol neuralgia suppression of all alcoholic stimulants should be strictly enjoined. In nicotinic neuralgia tobacco should be abstained from. In colica pictonum, the proper treatment of lead poisoning will also cure the neuralgia.

Reflex Neuralgias.—These neuralgias are due to a localized morbid state (of the uterus, kidneys, etc.) and the successful treatment of the suffering organ will cure the neuralgia.

Surgical means of cure.—Neurotomy, neurectomy and nerve stretching have all been practised for the

cure of intractable neuralgia. Nerve stretching will be considered with sciatica, and neurectomy (which has given some brilliant results) under the head of prosopalgia.

Treatment of Neuralgic Paroxysms.—When in the presence of an attack of neuralgia, the first thing, of course, to do is to relieve the pain. It is desirable, if possible, to obtain analgesia without resorting to morphine. In many of the neuralgias, such as migraine and those of central origin, whether idiopathic or symptomatic, antipyrin often gives speedy, marked relief, fifteen grains being followed by complete disappearance of the pain. A repetition of the same dose in six hours, and a continuance of this treatment for several days, the antipyrin being given often enough to keep the pain under subjection, may be all that is required, the patient being as far as possible removed from the reach of causal influences. This is Germain Séé's treatment of the headaches of students, headaches which often oblige matriculates to suspend study for weeks or months. Acetanilid in half the dose of antipyrin may be attended with an equally good result, and the same may be said of phenacetine. Lately exalgin has come into favor in some quarters; it has been praised as an anti-neuralgic by Dujardin-Beaumetz and Bardet.

It is probable that where antipyrin fails none of these other medicines will succeed.

In my own practice I have seen good results from acetanilid in neuralgic headaches. In cervico-brachial, dorso-lumbar and sciatic neuralgia I have seen no benefit from any of these members of the "aromatic series." Citrate of caffeine and guarana are remedies from which much good may be expected in hemi-craniæ, and always where the pain seems to be the consequence of nerve tire. The dose of caffeine is three or four grains, of guarana twenty grains.

The following prescription for which I am indebted to the late Dr. George M. Beard has given good results in headaches of almost all kinds:

R.—Cit. caffein.

Carb. ammon. $\frac{aa}{3}$ $\frac{jj}{3}$.

Elixir. guaranae f $\frac{jj}{3}$.

M.—Dose, a teaspoonful every hour till the pain is relieved.

Some of my patients, delicate migrainous patients, keep a bottle of citrate of caffein econstantly on their toilet tables; a frequent resort to it keeps them free from headaches. I have never seen any harm result from the continuous use of this drug.

Aconitine in pills of $\frac{1}{200}$ grain, one pill every five hours till the supervention of the physiological effects, or till the pain disappears, sometimes has a charming effect in migraine and tic douloureux.

In face ache, especially when due to a decayed tooth, the tincture of gelsemium in five-drop doses every two hours is often followed by speedy subsidence of the pain. I have always found gelsemium in this dose to be a perfectly safe remedy.

Some practitioners have great faith in a full dose of quinine (fifteen grains) in neuralgias of the peripheral nerves, whether due to malaria or some other cause. I cannot say that I have ever found this alkaloid beneficial in neuralgic paroxysms, except where the attack was clearly of malarial origin. "Gross" neu-

ralgic pills, in which quinine is combined with aconite, strychnine and morphine are, I think, chiefly of use as a prophylactic where attacks have been frequent.

As outward applications chloroform liniment, veratrine ointment, extract of belladonna rubbed up to a paste with water, spread on cloth and applied over the seat of pain, have had their advocates. No external means can be relied on. Anodyne embrocations are more useful when the pain is rheumatic than when it is neuralgic.

Hypnotizers claim to have accomplished wonderful results by putting the neuralgic sufferer into the hypnotic sleep, and assuring him that the pain no longer exists. As nothing is impossible *a priori*, and all things are to be believed on sufficient testimony, we have now adequate warrant for a certain faith in hypnotism as a means of cure. Bernheim's book on "Suggestion as a Therapeutic Agency" contains a number of instances of severe neuralgic and neuralgiform pains cured by hypnotic suggestion.

It will often happen that none of the above means are applicable to the case in hand, or, if tried, they have resulted in failure. There is nothing to do then, but to resort to a hypodermic injection of morphine. The tablet triturates of the pharmacists are very handy for this purpose. The commencing dose should be the sixth of a grain. If no relief is obtained, the injection may be repeated in fifteen minutes or half an hour. In bad cases of tic douloureux, migraine, visceralgia, I have often had to repeat these injections every half hour until a grain, a grain and a half, and even two grains have been administered. Some pain creates great tolerance of morphine. I have seen a delicate neurotic girl in a paroxysm of cervico-brachial neuralgia bear with impunity a quantity of morphine introduced subcutaneously that would have killed a strong, well man. There is not the same tolerance of atropine, and it will not do to push the injections of this alkaloid. If for the first injection one of the morphine and atropine tablets be used, in the subsequent injections the atropine should be omitted. The dryness of the mouth and throat that follows a full dose of atropine gives the patient great annoyance and discomfort.

For ordinary hypodermic use I employ a solution of morphine, consisting of four grains of sulphate of morphine to a fluid ounce of cherry laurel water. Of this, a hypodermic syringe full may be injected with safety in an adult. The cherry laurel water keeps the solution from spoiling.

Inject into a fleshy part of the arm; there is no advantage in injecting over the seat of the pain.

Deep injections of chloroform sometimes as effectually relieve the pain as morphine injections. For sciatica take up a syringeful of pure chloroform and inject it the depth of the syringe-needle into the gluteal muscles.

Antipyrin may also be used hypodermically. Dissolve eight grains in a hypodermic syringeful of warm water and inject the whole into a fleshy part of the arm or thigh. Germain Seé highly commends this use of antipyrin.

OXYGEN is of value in neurasthenia.

HEROIC DOSE OF CHLORAL.

BY A. C. FREE, M.D.,
HARRISBURG, PA.

IF the following case is half as interesting to read about as it was to those concerned in it, the writer will be amply repaid for his trouble.

In the fall of 1881, Mrs. S., living in the First Ward, Harrisburg, was seized with convulsions while entertaining some friends. Upon responding to a hasty summons, I found the patient to be a plump, short-legged woman, aged twenty-six. She was six and a half months gone in her first pregnancy. Two weeks prior to the first convolution she had received a severe blow on the abdomen by falling over the edge of a tub. Life was extinct in the child, and of course it was expedient to get rid of the contents of the uterus. The consultant in the case made the prognosis of death within twenty-four hours, because the urine was loaded with albumen. I could not concur in the opinion on those grounds, because neither at that time nor subsequently has my experience warranted such a conclusion. The acceptance of that theory would have signed this woman's death-warrant, figuratively speaking.

There were no labor pains, the mouth of the uterus was high in the pelvis and closed, as in an ordinary primipara at six months. No medicines could be given by the mouth, for the reason that when the patient was not writhing in convulsions, she lay in a deep stupor. To accomplish the delivery it was necessary to insert the hand into the woman's capacious vagina, and by using bimanual manipulation open the uterine canal. This was most exhausting labor. After two hours' work, the severe strain and cramped position made a long rest grateful when the hand was finally inside. The rest of the operation was easy as soon as the hand recovered from the paresis caused by the violent muscular effort. It is terribly disagreeable to have to sit by a bedside with an aching hand and arm inside a female's genital organs for so long a time. The only redeeming feature about it is that it affords an excellent opportunity to study the physiological action of warmth and moisture.

Much benefit was expected to result from the removal of the uterine contents, but no immediate result was apparent so far as increasing the woman's chance for life. The cause of the eclampsia did not have a total inhibiting effect on the uterus. Central functional activity was still marked enough to stop, with the aid of pressure, a troublesome hemorrhage. By grasping the fundus above the symphysis and digging the fingers deep into the abdominal walls, and holding on, the desired result was obtained. Some delicacy in regard to using such strong pressure had to be thrown aside; but even at the expense of dislocating some of the viscera or rupturing a ligament, the deed was done. With an empty and contracted organ to deal with, the convulsions persisted, and how to manage them became an important question. Every means at command was tried, but the patient grew worse, instead of better.

Finally, after much anxious deliberation, it was resolved to try the effect of ninety grains of chloral

hydrate by the rectum. Such a dose was regarded as heroic and dangerous, but the patient was in extremis. One hour afterwards the convulsions had not been repeated, but the pulse was becoming thready and almost imperceptible, and respiration was performed in gasps at long intervals. An ominous rattle in the throat made the outlook gloomy, and in addition to anxiety peculiar to such an occasion, the thought of being the direct cause of death tormented me. I had before this time unqualifiedly condemned a practitioner for yielding to a woman's demand for ether in confinement and then justifying himself when his patient died of ether shock. However, it was no time to be timid, and believing from the woman's looks that it was possible to pour a stimulant down her throat, two ounces of whiskey and twenty grains of quinine were used in the attempt. It came near finishing the career of the woman in short order; but, in spite of a fit of strangling, it was retained. In twenty minutes the pulse had gained perceptibly in strength, but the breathing was the same. Two ounces more of raw whiskey were poured into her, and when an interval of half an hour seemed to make no difference in her condition, I went home and went to bed at 11.30 P. M.

The conviction that there was no chance of recovery had fastened itself upon me, and yet, in spite of the fact that I had already been with the woman for two days and nights and was physically exhausted, it now looks as if I ought to have known that a halt in the disease when the patient was almost moribund was a great gain; but the truth is that, after making such a game fight, I was at home and asleep when the change came. Early the next morning a messenger rang the bell to know if Mrs. S. could have a drink of water. A few minutes later she was found in a semi-comatose state, asking for water every minute or two. Her mouth was as dry as anything could well be, the mucous lining of the buccal and pharyngeal cavities was glazed and shining, and on the tongue was a dark brown coating, which was cracked and fissured. Little jagged points, hard and sharp, stuck up all over its surface.

At eight o'clock, A.M., the woman opened her eyes and commenced to talk rationally. It was still the opinion of the consultant that death would be the inevitable result; but it did not turn out so, for she made a recovery, and has since been delivered of two children without trouble of any kind.

216 SOUTH SECOND STREET.

CONSTIPATION.

Abstract of a Clinical Lecture delivered at the Medico-Chirurgical College of Philadelphia.

BY WILLIAM F. WAUGH, M.D.

IN the group of cases presented to you to-day, you will notice that constipation has been a feature of each, though they differ widely in their nature and in the other symptoms. You may judge from this how general is this aberration from health; so general, indeed, that the inquiry into the condition of the bowels forms one of the routine duties of the physician. It has been said that no visit is a strictly professional one unless the doctor looks at the tongue,

feels the pulse and inquires about the bowels. I once heard a physician give as the reason for his popularity among his Irish patients, that he was never consulted for any case but that he first ordered a brisk cathartic, no matter what the nature of the disease might be. And though we very properly condemn such a practice, it must be acknowledged that it has far more to be said in its favor than most of the other routine practices, such as bleeding, cinchonizing, pepsine giving, tonic tippling, making vaginal examinations, etc. In fact, a very large proportion of the medical practice of every age has consisted of routine work for which it would be difficult to find as good an excuse.

In the treatment of constipation *per se*, apart from that of the conditions with which it is associated, there has been a marked change in modern methods. It is now fully understood that something more is needed than simply producing alvine discharges; which gives relief, but does not cure constipation. The use of the old-fashioned cathartics has become very limited, since it is learned that they exhaust the susceptibility of the bowels and increase the tendency to constipation.

As neglect is, after all, the prime cause of constipation, so the essential condition for its cure is the enforcement of regularity in resorting to the water-closet. The influence of habit is what our therapeutics is designed to obtain. Sometimes this is best done by adopting some means whose oddity serves to impress the mind of the patient. A buckeye carried in the pocket, a black ring on the finger, an odd pendant for the watch chain, may serve to remind the patient of the affection for which it was prescribed, and of the means of cure. I have succeeded in accomplishing this object by directing the patient to keep his cigars in the water-closet and to smoke only while at stool. It is necessary that when the patient goes to the closet he should have a reasonable certainty of securing an evacuation; and for this reason nature must at first receive artificial aid. For this purpose there have come into use, during the last ten years especially, a number of laxative pills, combining in various proportions aloes, nux vomica, belladonna, and sometimes other drugs. Nearly all manufacturers of pills send out such combinations, and many physicians employ favorite formulas of this sort. I add capsicum to the above-named ingredients, and yearly prescribe these pills in many cases. The essential ingredient is aloes, though this does not do as well alone as in combination. The dose should be the smallest which will suffice to produce the effect. And even then, as the influence of habit becomes stronger, the dose which is at first requisite will be found to be too large, and can be reduced gradually until finally it can be dispensed with entirely, and the cure is complete. To secure the true tonic effect of this combination, the daily dose should be divided into three parts, one to be taken after each meal. As the patient improves the doses should be decreased in size, but not in number, the three daily doses being given in constantly lessening quantity until they become almost infinitesimal.

For all ordinary forms of constipation this treat-

ment is quite satisfactory. But it will not answer when there are hemorrhoids, rectal ulcers or menorrhagia; nor when the condition is rather one of costiveness with an abnormal dryness of the intestinal contents. In the latter case aloes in the smallest doses will cause great distress and painful cramps, without affording relief. The object is not stimulation of peristalsis, but of the intestinal secretions. This can be obtained by the administration of hydrazine, the saline laxatives, or chloride of ammonium. But the best remedy by far, one that has here no rival, is cascara sagrada. I may add that this is the only form of constipation in which cascara is really superior to other drugs, or, in other words, is truly indicated. It also should be given in the smallest quantity which will give relief, and preferably in a single daily dose after breakfast. It may be given in the form of fluid or solid extract, but the best formula is the fluid extract combined with the extract of malt. The latter seems to enhance the value of cascara, five to fifteen minimis in malt extract having as certain an action as a drachm given alone, and with less griping. This is the case even with malt extracts which are not themselves laxative.

So comprehensive is the range of these two medicaments that you may practise a long time before you meet with a case in which they fail. When you do, you can at once inform your patient that there is a mechanical obstacle in the way, the nature of which can be ascertained by a local examination. It may be a retroverted uterus, rectal stricture or polypus, or some form of pressure from without; against any of which the best regulated diet and laxatives will be as powerless as the brisker cathartics, though not so injurious.

MEASLES IN THE SECOND WEEK OF INFANCY.

BY T. RIDGWAY BARKER, M.D.,

Demonstrator of Obstetrics and Assistant in Clinical Surgery in the Medico-Chirurgical College, Philadelphia.

APPRECIATING the fact that measles is of a rather infrequent occurrence at such an early age, I feel justified in reporting the following case somewhat in detail.

A. G., aged two weeks, found, on my first visit, to be a small, weak, imperfectly-developed female infant, with a feeble circulation, indicated by the cyanotic hue of the skin. The child nursed poorly, though the mother furnished an abundance of milk.

The birth occurred at full term. The mother, a multipara, was attended in her confinement—which came on unexpectedly and proceeded without difficulty—by a neighbor (it was deemed unnecessary to send for a physician, so speedily was the woman delivered).

The good neighbor thus hastily called in quite forgot, in her excitement, that the children of her own household were convalescent from measles. The infant, as already mentioned, had inherited but feeble vital powers, and, on further examination, it was very evident that there were in addition certain morbid principles at work.

The skin was hot, dry, and congested; the eyes

half closed; a weak, stifled cry was emitted at intervals. The fecal discharges were green, fetid, and slimy. No eruption was present on the extremities or trunk, though diligently sought for, nor was there any indication of broncho-pulmonary catarrh. The treatment was directed to correcting the catarrhal condition of the alimentary canal, by increasing secretion and hastening the removal of the products of fermentation.

Calomel in one-twentieth grain doses every two hours was administered.

On the following day there were signs of improvement, the discharges being no longer green and fetid. The temperature remained elevated, however, and in addition to the symptoms common to the febrile state there was a short, hacking cough, bronchial in character. The same treatment was continued, with the administration of sp. aeth. nitrosoi, ten drops every hour.

At my next visit (fourth day) the whole body was covered with a measly eruption. It was slightly elevated; in crescentic blotches, with intervening unaffected patches of skin—in a word, it was the unmistakable eruption of measles. The cough became more persistent and disturbed the sleep. The dose of the calomel was increased to one-tenth of a grain every two hours, and the sp. aeth. nitrosoi to twenty drops every hour. This treatment was continued for two days, when the eruption began to fade and the skin to assume a more natural appearance. The cough, which proved very intractable, greatly interfered with nursing and taxed severely the patient's strength. For the relief of this source of annoyance hot applications and mild counter irritation were employed. On the ninth day the eruption had quite disappeared and desquamation was apparent, though slight. The child's general health rapidly improved and it was soon completely recovered.

It would seem but reasonable to conclude from the history of this case that the infant became infected at the time of delivery.

1. There had been no case of measles in the immediate family, though several of the children had never had the disease.

2. The period of incubation was about ten days.

3. The time of the breaking out of the eruption was characteristic.

All these factors, I think, point most conclusively to the view that the affection was contracted from the midwife.

Fortunate, indeed, was it that the bronchial symptoms were mild, for had they been otherwise a fatal termination would have been almost inevitable. While the case may be considered in many respects a typical one, it is not uncommon to meet with those whose views would widely differ. In fact, it appears that each epidemic has certain well-marked peculiarities.

At one time, as in the epidemic of the winter of 1887, the bronchial inflammation assumed an exaggerated form, and then the mortality increased in a direct ratio. At another, the character of the eruption underwent a change—either in resembling

that of scarlatina, as pointed out by Rush, or in being tardy in its appearance.

While in the vast majority of cases the eruption appears first on the face, it does not uniformly do so. It sometimes breaks out first on the trunk or extremities.

Diarrhoea has occasionally been a concomitant symptom in certain epidemics, especially so in the epidemic reported by Rush in 1801.

The same author further noted that there were cases in which there were "decided remissions and intermissions—as in the autumnal fevers." It is probable the temperature was influenced by a malarial taint in the system.

To briefly summarize, then, the clinical history of measles: In the main the characters of the symptoms are constant, yet they are not always so—variability in location, extent and appearance of eruption, as well as deviations from the standard course, being not at all infrequent.

1703 SPRUCE STREET.

The Polyclinic.

MT. SINAI HOSPITAL, NEW YORK.

SERVICE OF DR. PAUL F. MUNDÉ.

George B. Cowell, House Surgeon.

FIFTY-THREE SUCCESSIVE OVARIOTOMIES, WITHOUT A DEATH.

THE above statement was made in reply to a visitor to Dr. Mundé's clinic, October 30, 1889.

Lacerated Cervix—Emmett's Operation.—I leave the sutures, in some cases, for a much longer period than is customary; in fact, have left them until after the approaching menstrual period. I can see no practical objection to this procedure.

Lacerated Perineum—Tait's Operation.—This operation may be made for complete or incomplete laceration. It is extremely simple and thoroughly effective in its results. Of late I have used it in all my cases of uncomplicated, complete and incomplete laceration of the perineum. I have, since October, 1887, operated by this method seventeen times—eight complete, nine incomplete—with sixteen successful cases, and one death from septicæmia. (For complete account of operation see *American Journal of Obstetrics*, July, 1889.—K. B. P.

ROOSEVELT HOSPITAL, NEW YORK.

OCTOBER 26, 1889.

SERVICE OF DR. McBURNEY.

Calvin Harrison, House Surgeon.

REMARKS ON CASE OF STRANGULATED HERNIA.

THE case of strangulated hernia, on which I operated last week, and in whom we made a resection of the gut, approximating the lateral surfaces of the gut by use of Abbe's rings, died on Thursday. I mentioned at that time that he was suffering from chronic alcoholism, and was therefore a very unfavor-

able case. The autopsy revealed a very interesting fact. There was not the slightest adhesion between the approximated peritoneal surfaces, although death occurred at the end of nearly 120 hours. The cause of death was septic peritonitis.

EXCISION OF JAW FOR SARCOMA.

This man, aged seventy, had trouble with his jaw twelve years ago. Cause supposed to be carious teeth. A few years after, he noticed a swelling on the right lower jaw, which has steadily increased in size since that time, and is now so large as to interfere with deglutition. Our diagnosis was "fibro-sarcoma" of the jaw, and was sustained by microscopic examination. The age of the patient is an objection to operation, but the condition is such as to warrant operative measures. I shall make an incision along the edge of the jaw from the symphysis to the angle, thence to the neck, divide the jaw through the symphysis, and turn it out from the socket. We have now made our incision and sawed through the jaw, but the tumor is so friable that we will not be able to turn the jaw out of the socket, but will have to dissect it out. To close the wound the mucous membrane of the cheeks will be sewed together, and the oral cavity closed off. The wound will be packed with sterilized gauze. The patient will be fed by the stomach tube for some time.

Radical Cure for Hernia—McBurney's Operation.—This man has an indirect inguinal hernia, which prevents his working. I shall open up the sac, return the intestine, sew the neck of the inguinal canal together, close the internal ring by suture, invert the skin by means of sutures, lessen the width of the wound by lead plate tension sutures, two will be sufficient, and pack the cavity left by the inversion of the skin with iodoform gauze, then the outside dressing. The man should make a perfect recovery.

—K. B. P.

MEDICO-CHIRURGICAL HOSPITAL.

UTERINE CANCER.

I PROPOSE to bring before you a woman who is suffering from cancer of the uterus. She now has tenderness, marked pain, discharges and frequent hemorrhages. A few years ago her physician found the affection to be malignant and curetted the diseased surfaces, but did not use any other treatment of importance. Pain is not always a necessary factor in cancer of the womb. The reason cancer appears mostly in the cervix is that the latter is so located that it is most likely to suffer from injuries in parturition and is consequently liable to be the seat of a degeneration. Cancer starts in the body of the uterus in only two per cent. of cases. The malignant cancers may be carcinomatous, encephaloid or epithelial—the latter are the most common. The disease is not frequent in the unmarried. Where laceration of the cervix has once occurred there is thrown out an inflammatory exudation of low vitality, and on account of coition, rubbing and irritation, this tissue is kept irritable, finally taking on malignant degeneration.

In the patient before us there is evidence of infiltration of the uterus, with nodules in the vagina.

The operation I propose to do to-day is simply for the purpose of prolonging her life and not of producing a cure. By scraping away the tissue that is breaking down we may afford her an opportunity to regain her health for a time. By the stoppage of the hemorrhage and removal of the broken down tissues these patients rapidly regain their appearance of health. In an operation of this kind the best instrument to use is the finger, as you can determine the amount removed. The tissue breaks down readily under the finger, and we can reach into the body of the organ, showing that it is diseased also. We must take great care not to break open the bladder or rectal walls, for they are so fragile and delicate, and either would be an unpleasant complication. I will use the curette from the end of which flows a stream of water.

There are three kinds of tissue here. 1. A layer that breaks down under the finger, the bloodvessels of which are dilated, thin, and rupture easily. You must be careful in digital examination and in the use of the speculum. 2. A layer infiltrated with cancer cells that is as dense as the skin. From this the disease will re-develop in a few weeks or months, and give rise to similar symptoms. To give relief you must get beyond this. 3. A zone containing only a few cancer cells. To produce a cure you must pass beyond this to the healthy tissues. One plan used to be to amputate the cervix, but this is not satisfactory, as you do not know how much to cut away. Sims' plan is the one I have adopted this morning. Scrape away the first or soft zone and arrest hemorrhage. In forty-eight hours wash out the uterus and apply tampons of cotton soaked in a solution of chloride of zinc, $\frac{3}{4}$ j. to aquæ $\frac{5}{4}$ j. If the walls are much thickened you may use an ounce of the zinc. In a few days the tissue becomes white, dense and hard; a slough forms; by continuing this process you have a mere shell of the organ left or even the whole organ itself may be removed. Complete removal of the organ is the most certain means of relief where the other organs are not affected or involved.—*Montgomery*.

Gastric disorders are frequently attended with a numbness of the arms. When there is a deficiency of gastric juice, as in dyspepsia, the use of liquids should be diminished; as they dilute the juice to an injurious degree when taken in the customary quantity.—*Woodbury*.

For multilocular sclerosis Woodbury prescribed as follows: 1. Zinci phosphatis, gr. $\frac{1}{10}$; ext. belladonnae (alc.), gr. $\frac{1}{4}$; ext. nucis vom., gr. $\frac{1}{6}$; ft. pil. No. 1. Sig.—Thrice daily. 2. Cod liver oil and 3 grs. of Vallet's mass; thrice daily. 3. Hygiene: open air, avoidance of over-exertion. Patient is doing well.

PENNSYLVANIA HOSPITAL. ENUCLEATION OF THE EYE-BALL.

MORTON presented the case of a Pole threatened with sympathetic ophthalmia. The ball of the injured eye was an inflamed mass—panophthalmitis—and beyond all hope of restoration to usefulness. To save the yet unaffected eye the doctor deemed enucleation of the affected eye, not only to be

advisable, but a necessary procedure. Preliminary to the operation he remarked: "It used to be the custom among surgeons, when enucleating an eye-ball, to plunge the knife into the orbital cavity, and with a circular sweep, practically denude the cavity of its entire contents. To-day that is not done. We are careful to leave the conjunctiva and muscles of the eye-ball, that they may furnish a cushion-like support to an artificial eye, and giving the person possessing one nearly as much control over it as he had over his natural eye. I shall dissect free the conjunctiva at the margin of the cornea, and will then pick up each muscle with a tenaculum, and sever it at the point where it is inserted into the eye-ball. After I have the ball free from its attachments, I will pass a pair of curved scissors beneath the ball and sever the optic nerve close to it, being careful not clip off with the nerve any of the sclerota to act as a foreign body, and so set up further inflammation." The operation being done, the lecturer further remarked: "After an operation of this kind it is not well to use styptics, such as the sulphate of iron, that control haemorrhage too rapidly. The vessels in the orbital cavity which communicate with the brain are liable to give rise to serious complications when too quickly clogged. Better use pressure or cold."

PHILADELPHIA HOSPITAL.

VERSION BEFORE LABOR.

DR. HIRST brought before the class a woman who expected to be confined in a week or ten days, and diagnosed the position of the fetus as that of a breech presentation. As the death rate is much greater in breech than in normal head presentations, it was recommended to convert the former into the latter, before the breech is engaged in the pelvis. All that is necessary is to manipulate the fetus gently and gradually turn it round as in this case, until we have converted it into a head presentation—right occipito posterior or anterior. Great care must be taken not to rupture the uterus by rough manipulation. A binder was applied to the woman and she was instructed to remain in bed; since the fetus had a tendency to resume its old position.

CYSTITIS COMPLICATING PREGNANCY.

This is a frequent, troublesome and dangerous complication of pregnancy. The lecturer had a case of cystitis last year in which the inflammation extended to the kidneys and caused death. Post-mortem examination showed that the kidneys were mere sacs of pus. In the course of the disease, if fever arises, there is pain in the back and pus in the urine, we must look to the kidneys. On the first day after labor this woman's temperature rose to 101° , with pain, inability of the bladder and pus in the urine. On the second day temperature was 102° . After the first course of treatment the temperature fell and to-day she is practically well. A one-half of one per cent. solution of creoline was used to thoroughly irrigate the bladder. It is one of the most favorable disinfectants and antiseptics to use on mucous membranes. Care was observed in regard to diet and absolute quiet and rest enjoined.—*Hirst*.

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ELECTRICITY IN GYNÆCOLGY.

THE time has not yet arrived for the complete settlement of the controversy between gynæcological electrotherapeutists and operators. The warfare in many respects is an unequal one. Surgery has, without doubt, attained a high degree of success in this particular department; but it must be remembered that it has only reached this success after a long period of many failures; that in the beginning it was regarded with abhorrence by many of the highest living authorities—just as innovations of the same sort are now regarded; that it is of itself a fascinating and brilliant field of medicine, particularly so to the younger generation, thus rendering their opinions more or less partial; and finally, that it demands more than average skill and facility for the accomplishment of its highest results. On the other hand, electricity as a therapeutical agent in gynæcology is of comparatively recent introduction; is slow in its operations, and entirely void of that éclat necessary to render it universally popular; is expensive, and still amenable to greater improvement; and, in fine, requires for its successful operation more than the average knowledge of the electric force and its laws.

As we have said, it is too early yet to come to any positive decision as to the comparative merits of electricity and surgery in the treatment of uterine diseases. In the majority of instances no comparison is at all possible, for there are cases which can only be relieved by the knife, and there are others in which electricity affords undoubted cure without a resort to surgical measures. But comparing the treatment by electricity with that by the knife, when the latter was of the same age as the former, we cannot see that it presents so bad an appearance or promises so unfavorable an outlook. It is to be regretted that there is not as much enthusiasm,

earnestness, and extensive trial of the electric treatment as there is of the surgical; other reasons, in addition to those we have already enumerated, are, doubtless, fully explanatory. It is unfortunate that electrotherapeutists have not yet the same array of statistics and do not generally keep the same close record of their results as do the surgeons; but time, perhaps, will bring about a change in this respect more to the credit of electricity. In the present contest there is not a little exaggeration and unfairness on both sides, and it is to be hoped, for the sake of true science, that all personalities and acrimony will be entirely left aside and that a calm, critical study will be adopted as the only guide to the proper solution of the entire question.

For the third time the subject was brought before the British Medical Association at its last annual meeting, held at Leeds, August, 1889. An animated discussion was the outcome; but we cannot help remarking the fact that those who were the most hostile to the use of electricity seemed to have had the least experience with it. Their objections were largely of a theoretical nature. As Dr. Playfair said in his opening paper: "If merely theoretical objections could prove that a really good thing was useless, we should at this moment be without railways or telegraphs; or, to take examples from medicine only, without ovariotomy or anaesthesia, for were not all of these condemned as impracticable or so dangerous as to render their use inadmissible?"

In the absence of complete statistics showing the results of electrical treatment in gynæcology, few would care to go so far as Keith and say that a man who performs a hysterectomy or an oophorectomy for a hemorrhagic fibroid before trying the haemostatic effect of electricity is guilty of a criminal offence. On the other hand, one would certainly be blockading the advances of science who, like Tait, assumed a direct opposition to the new method without allowing it a sufficient test and trial.

In certain affections of the endometrium, such as uterine catarrh, chronic endometritis, and membranous dysmenorrhœa, the application of the negative current through the insulated intra-uterine sound produces the happiest results.

According to Engelmann the use of the same current is advantageous in promoting the absorption of chronic inflammatory exudations in the pelvis. In regard to this, however, there is considerable difference of opinion among observers, a fact which may be due somewhat to the high intensities recommended and used by so small a number of electrotherapeutists. In regard to the removal of uterine fibromata opinions vary. Scarcely any electrotherapeutist claims that the current will cause a complete disappearance of the tumor; but if the annoying symptoms are made to disappear and the hemorrhage checked, what more can be asked of any method of treatment? In many instances there is undoubted diminution in the size of the growth, whether this be due to direct

absorption of the abnormal elements or to stimulation of the surrounding tissues, which of itself brings about a condition of pressure and anaemia and so a destruction of the tumor. In a large majority of the cases, though the tumor is not entirely removed, there is no return of the symptoms, and the woman to all intents and purposes is cured. Surely such a result when attainable should be accomplished in almost any way less dangerous than hysterectomy. No matter how expensive or tedious the method may be, requiring, as Keith says, twenty and thirty sittings on an average, it should be given a fair trial in each individual case before resorting to the more heroic measure however brilliant the latter may seem.

There are many questions yet to be settled in regard to this method of treating uterine fibroids. Some hold that only tumors of the posterior wall are amenable to the electrical treatment, and that it is useless to attempt to remove those of the anterior wall, or multiple tumors in this way. In some cases acupuncture, always with gold or platinum needles, will give the best results; in other cases simply the passage of the current through the tumor with the aid of the uterine sound is all that is necessary. The strength of current employed, the time of each sitting and the number of sittings required are some of the points still at issue. The majority of observers prefer mild currents, though Engelmann has given as high as 250 milliamperes. The sittings should not be longer than a few minutes each, once or twice a week; and after each sitting the patient should be kept in bed for a time. Upon all these points there will doubtless be for a considerable time yet a difference of opinion, but with the increase of statistics there will be found an average applicable finally to all cases.

In regard to the use of electricity in extra-uterine gestation, there can be no question as to its efficacy provided a positive diagnosis be made. Given a case of positive ectopic gestation, the only rule is to destroy the foetus, and for this purpose no agent can compare with the electric current. We must admit, however, that electrotherapeutists seem to us to have diagnosed extra-uterine pregnancy rather more frequently than statistics would seem to warrant. It is not an easy matter by any means to differentiate such a condition from inflammation or abscess of the broad ligament, pelvic haematocele, tumors and cysts of various sorts, and as any of these conditions might be relieved by the electric current, the diagnosis of ectopic gestation would still remain in doubt. Since laparotomy is always available for the relief of this condition, it would do no harm and possibly some good to first try the electrical treatment. It should be remembered that the electrical treatment does not mutilate a woman, and therefore has this strong point always in its favor.

After all we need more serious, conscientious study of the uses of electricity in gynaecology. This new agent is undoubtedly one for good, if properly applied, and no amount of mere theoretical considerations on

-the part of objectors will prevent its universal adoption. The names of such men as Sir Spencer Wells, Playfair, Keith and Martin are so strong an endorsement that there only remains for the method the question of greater improvement.—L. H. M.

THE WILLIAMSON SCHOOL.

AS we predicted some months ago, the Trustees of the Williamson School have elected as the chief executive of that institution Passed Assistant Engineer Robert Crawford, U. S. Navy. The selection has received very favorable comments from the press of this city, where Mr. Crawford is held in high estimation for the good work done in the Spring Garden Institute, and later in organizing the Manual Training School. He will resign from the Navy and devote himself to developing the plans of Mr. Williamson. No better choice could have been made; and the trustees have shown such good judgment as, with Robert Crawford at the helm, bids fair to overcome the great difficulties which beset the way for Mr. Williamson's beneficent scheme.

It may not be amiss here to call the attention of trustees of educational institutions to the fact that in the army and navy there are to be found numbers of men who might be secured as teachers, and who possess exceptional qualifications for such positions. These men are finely educated; many have had experience as teachers while detailed for that duty at West Point or Annapolis—than which no finer schools for boys can be found. The discipline of the service has taught them how to exact obedience best.

In times of peace the services present little of interest to the most active intellects, and it will be recalled easily that many of our most distinguished officers were men who, like Grant and Sherman, had received their education at West Point, and then left the army, to return when the war broke out. Many officers in the army and navy to day would welcome an opportunity such as is offered to Mr. Crawford, but remain in the service through an exaggerated fear that they would not be able to win a living—a fear which is only intelligible to those who have been accustomed to the security of income possessed by these men. Patriotism is an unnecessary virtue in times of peace; the romance connected with the uniform soon wears off; and when one has a wife and family, long voyages or frontier forts cease to be enticing. And thus, in comparative idleness, the best men in the services rust away when there are hundreds of positions in the hands of inferior persons, for which these officers have exceptional qualifications, and which many of them would gladly accept.

THE report of St. Mary's Hospital Dispensary for the month ending October 31, shows that 407 new patients were treated and 1212 old cases were handled, making a total 1619 patients treated during the month.

Annotations.

IODOFORM oil injections in tuberculous bone and joint affections have been applied in the surgical clinic at Bonn, under Prof. Trendelenburg. The results were surprisingly favorable.

Iodoform oil, 5-25, freshly mixed before using, is injected into the diseased tissues at different points every eight days, after careful disinfection of the skin. Two to three c.c. are thrown in with considerable force by a hypodermic syringe, having a pretty large canula. Abscesses are evacuated by puncture, prior to injection. Injection into fistulous canals is not so useful as when the fluid is thrown into the neighboring structures. The parts are dressed with sublimate gauze. After three or four injections (sometimes more) the pain is diminished, the swelling begins to subside and become more firm, the abscesses become smaller and soon disappear. The fistulae are most obstinate; but they yield to prolonged treatment. During the latter part of the treatment passive motion should be made. Complete fixation of points is only necessary in the beginning to overcome pain. Many cases are treated as out patients. The result, though not always favorable, is encouraging, because even in those who are only improved locally the general improvement is notable.

Of 109 cases treated, 28 were operated upon by the spoon or opening an abscess; 36 were discharged apparently cured; 37 improved; 12 were not cured; 24 patients remain under treatment; of these 14 are already greatly improved. There is, therefore, no doubt of the propriety of employing these parenchymatous injections before resorting to capital operations.—*Wiener Med. Blatter.*

THE action of the salicylates upon the uterus has been studied by Wacker (Cent. f. Gyn. 39), who made the surprising discovery that they possess the power of contracting the uterus and producing metrorrhagic and anti-dysmenorrhœic effects. In two cases of pregnant rheumatics, in the second and fourth months, a dose of forty-five grains *ter die* produced abortion. In six rheumatics during childbed the same dose increased the lochiaæ in each case, and reinstated it in one on the twenty-eighth day. In one case the hemorrhage produced by it proved fatal. In five cases in which it was given shortly after the menstrual period, the flow returned. In 33 cases of dysmenorrhœa and suppressed lochiaæ, 19 were favorably influenced.

These results are in accord with those of Labadie Lagrave, Britt, Bucquoy, Sabatowsky, and Ballette. The fever cannot be regarded in these cases as the cause of the abortion, because it never exceeded 39.3°, and never reached the temperature of 40-41° C., which, according to Kuminsky, Winckel, and Runge, kills the foetus. It is probably the hemorrhagic effect of the salicylates, which has been observed in the ear and eyes, which produces the congestion and hemorrhage in the mucous lining of the uterus.

IN the Pediatric Lectra of the Congress of Naturalists, Herr Ranke, of Munich, read a paper on Tracheotomy and Intubation in Diphtheria, with the following conclusions:

1. O'Dwyer's process is in many cases a successful method, and a decided progress.
2. It can never replace tracheotomy entirely.
3. There is no rivalry between them, but one is capable of supplementing the other.
4. The treatment should begin with intubation, and tracheotomy should follow, if it does not succeed.
5. The best results are found in well-appointed institutions.

Ganghofer, of Prague, agreed with Ranke. Bredert prefers tracheotomy. Escherich thinks that while the cases saved by intubation could be saved by tracheotomy, the reverse is not true. Intubation is more easy, technically, and the after-treatment easier, but the conditions of recovery are more difficult. In reality, intubation should be limited to the cases in which the parents refuse permission for tracheotomy, or the latter cannot be properly done for other reasons.

Heubner says that in Leipzig the results were not brilliant, but he thought intubation was more physiological, because it did not involve inhalation of dry air.

Steffen concludes that more observations are necessary to decide the question, but it may be held that hospital physicians ought to treat acute stenosis of larynx by intubation, this failing, by tracheotomy.

IN the trying cases of atonic post partum hemorrhage, any addition to our methods of treatment is welcome. In the Berl. Klin. Wochenschr., of October 14, Dr. Graefe lauds the iodoform gauze tampon highly. It was first recommended by Düehrsen in 1887. The mild cases usually yield to friction, ergot, or hot or cold intrauterine irrigations; for the unyielding cases the tampon is indicated. The uterine cavity is tamponed by three pieces of iodoform gauze, six inches wide and about three and a half feet long; a vaginal tampon will hold the former in position. Patients must be watched carefully, as the tampons may be expelled. The hand upon the uterus should maintain firm contraction whenever it gets soft. Twenty successful cases are reported by several obstetricians.

H. VON HEBRA sums up his paper on the Injection Treatment of Syphilis as follows: The mercurial solutions are to be greatly preferred to the suspensions; they are less dangerous, less irritating locally, and have a better effect upon the system. Their more rapid elimination diminishes the intensity of the possible toxic effects and shortens their duration. They are less painful, and may be more accurately dosed. But they need to be given quite often. If an immediate effect is sought, the most rapidly absorbed fulminate of mercury near the affected spot is indicated; later, the blood-semen mercury, the peptonate and albuminate, and lastly the salt sublimate solution; the latter is most useful as a terminal treatment.

TRACHEOTOMY IN DIPHTHERIA.

SO soon as dyspnoea is pronounced, Van Iterson advises tracheotomy, whether it be due to trouble in the pharynx or larynx. This is a new and bold departure. Van Iterson justifies his procedure by claiming that most diphtheritic patients die of transmission of the process to the lungs, by aspiration, which is to be prevented by tracheotomy. Inferior tracheotomy, under narcosis, deserves the preference; it diminishes the danger from aspiration; fluids do not reach the larynx. After opening the trachea, he cleanses it, as well as the larynx and bronchiæ, by means of a bent sponge probe, and applies iodoform before inserting canula. Out of one hundred such cases fifty-five recovered. In twenty there were no false membranes below the wound; of these fifteen recovered. Four children were saved, although already asphyxiated.

Koch disputes Van Iterson's method, because he had better results without operating so early. In 1887, he had 42.4 per cent. recoveries; in 1888, 38.8 per cent., although the indication and technique after treatment were the same. He operated in one hundred and forty-one cases. Koch, of course, operates in the asphyxiated stage; otherwise he uses, in mild cases of stenosis, inhalations of vapor under a tent, with small doses of apomorphine, spts. ammoniæ anisat. and cassia, which frequently relieves it. But if it fails he endeavors to operate before asphyxia occurs.

Letters to the Editor.

STRONG SOLUTION OF ARGENTIC NITRATE AS AN INJECTION.

A. G., a young man of twenty-five, contracted A. gonorrhœa in October last. He went to a physician, who put him on the acetate of, and the bromide of, potassium, in three weeks prescribing a mild injection of zinc sulphate. The inflammation at this time evidently extended back to the bladder, for the patient had incontinence of urine. The injection was kept up for some weeks without apparently much good effect. There was never much pain or discharge, and after a time the incontinence ceased. His physician now tried a number of different injections with no result, and the patient finally drifted into my hands. I tried successively mild injections of nitrate of silver solution, bismuth, sulphate of zinc, Mitchell's bougies, and his post-urethral syringe. There still remained a slight oozing of a mildly purulent character. But upon using once a day this preparation,

R.—Ext. hydrastis fluidi f $\frac{3}{4}$ j.
Bismuthi subnitratis 3j.
Boroglyceridi,
Mucil. acaciae . . . 5 per cent. à à 3ss.—M.

more or less diluted, the discharge was reduced to a few drops daily of a serous fluid, and there was some pain at each urination. Bougies were now tried, with the result of finding a slight restriction of the urethral caliber about two inches from the meatus,

and an exquisitely sensitive prostate, showing a subacute inflammation there. By this time the patient had been under treatment six months—three under the first physician, and the same under me—and as he manifested a disposition to go elsewhere—as the bougies seemed to be doing little good—and as he would not submit to urethrotomy, I decided to resort to a rather strong measure to restore firmness to the relaxed mucous membrane of his urethra.

First, I injected a drachm of a 10 per cent. solution of cocaine, holding it in five minutes. The excess I washed out by an injection of warm water.

I now injected a drachm of a strong solution of nitrate of silver, gr. x to $\frac{3}{4}$ j, allowing it to remain in about two minutes.

The only pain experienced was some burning afterwards, which I stopped with another injection of cocaine. The penis shortly began to swell and to discharge pus quite freely. I put the man to bed and had him keep the parts wet all afternoon with lead water and laudanum, which kept down the pain and swelling. By morning the swelling was nearly gone.

For several days there was pain on urinating, but this was rendered slight by large doses of acetate of potassium.

The point of this account is that from the time of recovering from the effects of the nitrate of silver, the patient has had neither pain in nor discharge from his urethra. ERNEST SANGREE, M.D.

THIOL IN SKIN DISEASES.—In the treatment of eczema, pemphigus, seborrhœa, acne, dermatitis herpetiformis, and possibly other forms of cutaneous disease, the new drug thiol (if present results are borne out by subsequent trial) will be found valuable. While it is found in commerce in both powder and liquid form, the powder is preferable; it is best used with bismuth subnitrate or starch, or, preferably, thus:

Taiol	3j.
Oxide of zinc	3ss.—M.

It is also readily soluble in water, and may thus be applied in all diseases where it is advisable. Its composition is almost identical with that of ichthiol, but it has none of the objectionable features of the latter drug.—*Lanphear's Med. Index.*

TREATMENT OF ENURESIS WITH ANTIPYRIN.—MM. Perret and Dervie, believing that enuresis is due to a spasm of the sphincter of the bladder, treated two cases of nocturnal incontinence of urine with antipyrin in doses of from two to three grammes a day. The trouble ceased ten days after the beginning of the treatment, and even after the withdrawal of the antipyrin the enuresis did not return.

—*Revue de Thérapeutique.*

ALTHOUGH a large part of the dangers residing in milk are removed by boiling for ten or fifteen minutes, this is but an insufficient safe-guard against tuberculosis; the germs of which resist much longer boiling than this.

Society Notes.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Abstract of Stated Meeting, October 23, 1889.

Vice-President, JOHN B. ROBERTS, M.D., in the Chair.

DR. JOHN B. ROBERTS presented a paper entitled

EXTRACTION OF CATARACT, WITH CASES SHOWING RESULTS OF OPERATION.

He said: In preparing the patient for operation, I cleanse the face in the vicinity of the eyes with soap and water, and subsequently with a solution of boric acid or corrosive sublimate. I then wash out the conjunctival sac with a boric acid solution instilled with an ordinary pipette. The instruments are kept in a similar solution of boric acid, which is made without any great accuracy of strength. A few drops of four per cent. solution hydrochlorate of cocaine is dropped into the eye two or three times during the quarter hour preceding the operation. A few drops of a four-grain solution of atropine is also instilled. Even before the use of cocaine was known, I did not give anæsthetics, because experience has shown me that the operation for the extraction of cataract is not painful, if the surgeon, by previous manipulation of the cornea and lids, teaches the patient to hold perfectly quiet.

The steps of the operation, as I perform it, are as follows: Having grasped the conjunctiva and the inferior rectus with a pair of fixation forceps, I make an upward incision in the cornea with a Graefe, a Beer, or a Jackson knife. I usually prefer the Graefe to the Beer knife.

The iridectomy which I always make, is accomplished by catching and drawing out the iris with an iridectomy hook in the left hand and cutting it with the Levis spring scissors in the right hand. I do not use the iris forceps for making the iridectomy, unless it happen that, for some reason, a portion of the part excised has not been perfectly detached from the iris. I then use the forceps to catch the ragged edges while making a second attempt at complete division.

Laceration of the capsule is done by making a T-shaped incision with a cystotome. Usually I make the horizontal cut of the T across the upper edge of the capsule as a first step, and subsequently make a median vertical slit by another movement. I have, however, on more than one occasion, slit the capsule with a single vertical stroke of the cystotome. The lens is then extruded by pressure upon the sclerotic and cornea, with the finger above and a tortoise-shell scoop below the incision. The finger makes the pressure from the outside of the upper lid. If there is any difficulty, as there often is, in evacuating the soft cortical material or nucleus, I introduce the spoon and extract these remnants. In the event of it being the nucleus which is not properly detached, I often use the wire loop to make traction upon it.

After a few minutes have elapsed to allow reaccumulation of the aqueous humor, I let the patient sit

up with his back to the light, and place before the eye which has been operated upon a convex lens of about nine dioptrics, in order that I may prove to him that vision has been restored. By allowing the patient to look about the room and to count my fingers, I give him confidence in the result of the operation; and it greatly encourages him during the stage of convalescence to know that he has actually seen with the eye previously blind.

After instilling a few drops of atropia solution, I seal the eye by means of two or three small strips of ordinary rubber plaster upon the upper lid. These strips of plaster are cut in the shape of a semi-ellipse, and are made to fit the upper lid, but under no circumstances are they to overlap the lower lid. In this manner the upper lid is made stiff and acts as a splint to the wounded cornea. I have never used any other means of dressing after cataract extraction, nor have I ever seen any other method used in the practice of Dr. Lewis during the last fifteen or sixteen years.

The advantage of this method is that the eye is not heated, and tears and mucus can drain from between the lids, and atropine solution can be introduced into the conjunctival sac every morning or evening, as the surgeon may deem proper. Before the operation I cut off the eye-lashes of the upper and lower lids, to prevent the eye becoming sealed by dried secretion on the lashes, which gives the patient pain, and has a deleterious effect upon the eye by interfering with the free flow of tears and mucus.

This method of dressing after the extraction of cataract is preferable, I am sure, to the one frequently employed, but which ought to be obsolete, namely, that which covers the eye with a mass of cotton, thus damming up the secretions and causing irritation and congestion.

As a rule, I close only the eye which has been operated upon. I do not restrict the patient to a dark room, nor do I confine him to bed.

Here the doctor reported a number of cases operated upon.

Discussion—DR. GEORGE FRIEBIS: During the past four months I have performed four cataract operations and sent the patients from the hospital. I was encouraged to do this by the fact that one patient, who was sent from the hospital immediately after operation, on account of the presence of erysipelas in the wards, did perfectly well. In the last three cases the vision obtained has been, respectively,

20	20	20
—	—	—
L	XL	L

DR. GEORGE C. HARLAN: There is no doubt that the after-treatment has been much modified of late. The patients are not kept so long in bed, and the dressings are much simpler. A large proportion of careful surgeons still retain the compress bandage, but I know of none who keep it on two weeks. I think it well to use the bandage for two days, and to keep the patient in bed two or three days. We do not now darken the room, but rely on the bandage to keep the sunlight from the eye.

Different antisepsics are used by different operators, but the results are substantially the same. The only ingredient used in common is distilled water, and

that, perhaps, would do as well. As boracic acid has been shown to be without antiseptic qualities, I have abandoned it, and am now using bichloride, 1-5000. Even in this proportion it causes some irritation of the conjunctiva.

There is a strong party in favor of omitting iridectomy in the operation for cataract. For myself I am quite satisfied, not only on theoretical grounds, but from reported results, that the greatest good to the greatest number of cataract patients is promoted by adherence to iridectomy.

I am not sure but that preliminary iridectomy should be performed. I believe that the safest cataract operation is that in which an iridectomy is done not less than one, preferably two or three, months before the extraction. This renders it more easy to avoid inclusion of the iris in the angles of the wound, hemorrhage is avoided, and pain, with the restlessness and muscular spasm which result from it, is absent. Graefe used to advise that preliminary iridectomy should be done when the patient had only one eye, and a distinguished European authority admitted, a few years ago, that in the case of his own father he would do a preliminary iridectomy. There are considerations of expediency opposed to the preliminary operation, but, where it is practicable, I should prefer it.

DR. B. ALEX. RANDALL: I have thus far done iridectomy in all operations, as it facilitates egress of the lens. A small removal of tissue is generally sufficient; and, after it, I have secured a perfectly mobile pupil, almost as round and perfect for visual purposes as though no iridectomy had been done—the coloboma being thoroughly covered by the upper lid. The corneal section and the exit of the lens are also facilitated by the dilatation of the pupil, which is afforded by the cocaine more thoroughly than by atropine, while cocaine does not interfere with the subsequent action of eserine in contracting the pupil and preventing incarceration of the iris in the wound. I wish to emphasize the point that cocaine must be used with caution, since it affects the nutrition of the corneal epithelium; and our studies show that it is largely upon this epithelium that the healing process depends. It has been pointed out that sometimes, where bichloride of mercury has been used after cocaine, there will be opacity of the epithelium of the cornea, or even its exfoliation. As a wash, distilled water does not seem a good agent for use in these cases, since its specific gravity is too low to make it unirritating. A solution of salt or of boric acid would seem to be best. I am far from believing that boric acid has not powers of value in practical use.

DR. ROBERTS: While I am convinced of the value of antisepsis and asepsis, I still am of the opinion that in eye-surgery neither antisepsis nor anaesthesia is absolutely called for. I use them; but I do not think that I have gained so much from antiseptic measures in cataract extraction as in operations in general surgery. In seventeen years' experience in the practice of Dr. Levis and myself, I have not seen, I think, more than one case of sloughing cornea after extraction. Anaesthesia I believe to be necessary only under the most unusual instances.

DR. MORDECAI PRICE next read a paper upon
ECTOPIC GESTATION.

These cases are far more numerous than you would suppose; in our city alone, from all sources, about twenty-five a year; and when you remember that, five years ago, the mortality was one hundred per cent., and now at least ninety per cent. is saved, we have much to be thankful for to Mr. Tait and his adviser, Mr. Hallwright.

The symptoms of ectopic gestation before rupture are of a vague and uncertain character. Those best qualified to properly interpret them, whose experience in such conditions has been greater than any other investigators, have yet to see one and recognize it before rupture. The only reported cases said to have been recognized and treated before rupture have been in the hands of our electrical friends and enthusiastically dwelt upon, and the man who would treat them with a knife given a back seat and denounced in unmeasured terms for his mutilation of the poor woman when it was so easy to get rid of the product of conception by so easy and safe a plan as the electrical current. But we find by investigation that in many of these reported cases there was little foundation for the belief that they were pregnant. Some of them have fallen into the hands of other men and been operated on, and no pregnancy existed. And I cannot but think the others could not bear investigation requisite to a proper diagnosis.

The symptoms after rupture are sufficiently plain and urgent. In a woman who has been sterile for a length of time, it may be for years, whose period has been delayed for two or three weeks or longer, after slight exertion or lifting some heavy object, there occur agonizing pelvic pain and collapse, followed by all the symptoms of loss of blood. If the patient reacts, this is followed by recurring pain and collapse, constant uterine hemorrhage, it may be with small loss of blood, discharges loaded with shreds of decidua, leaving the impression in the patient's mind that she has had a miscarriage. There is pain and fulness on the side of rupture, with a mass of a baggy, fluctuating consistency in the pelvis. No one case being a repetition of any other, there is nothing fixed and unchangeable save the termination of the disease—death, almost without exception, unless prompt surgical aid is given.

There are many conditions that may be confounded with extra-uterine pregnancy. In fact, any mass in the pelvis, such as tubal trouble, a small ovarian or dermoid tumor, haematocele from traumatism, an abscess of the tube or ovary, gonorrhœal pyosalpinx, all have been mistaken for extra-uterine pregnancy.

Even our electrical friends have mistaken tubal trouble for extra-uterine pregnancy, and wasted many valuable sittings to kill the foetus where none existed, and, strange to say, they did not cure the diseased tube.

But these mistakes of diagnosis are of small moment, as the conditions which could be mistaken for extra-uterine pregnancy should all be removed by the knife. I have seen the abdomen opened several times when a positive diagnosis had been made, where no

pregnancy existed, and a small pus tube or dermoid tumor instead. I am sure the operator was not greatly disconcerted by the conditions found.

We have come to that period where the experimental treatment of ectopic gestation is a disgrace to our profession. Electricity, with all its barbarous instruments and murderous delays will, I hope, ere long, be forever thrown aside as a means of treatment for this condition. Its history certainly does not offer to any thinking mind any proof of its value, while on the contrary its record of death is truly appalling. Puncture, or injections into the sac of morphine, or any substance, with the hope of killing the fetus, is attended with greater risk to the mother than an immediate operation for its removal. I can find no language strong enough to express my condemnation of these experimental methods.

Operation.—Where there is time, the room should be thoroughly cleaned, and all needless articles of furniture removed. A most efficient cleansing of the body with soap and water and brush is necessary, and the bowels should be thoroughly evacuated. No antiseptic should be used. If possible, a trained nurse should be obtained; one who is accustomed to the work of the operator, able to cleanse and take care of a drainage tube and encourage the patient to bear patiently with the discomforts necessarily following an operation of this kind. Opium must be positively forbidden in all abdominal work—it interferes with the secretions, sickens the patient, makes her irritable and hard to manage, and conceals the symptoms of danger, and otherwise complicates the recovery.

A good light is needed. Every instrument and ligature and suture should be carefully scalded and placed in trays of warm water, handy to the operator or his assistant, so that in case of any emergency there will be no delay; for time is a material factor in these operations. The shorter the operation the less the shock. It should be minimized in every detail; short incision, careful enucleation, perfect tying, most thorough irrigation with warm, distilled water. No antiseptic whatever has any place or purpose in this operation. Antiseptics have done bad work for good operators. We see this admission in the journals almost daily—"perhaps the antiseptic was too strong." Chemical antiseptics of any kind in the peritoneum do murderous work, and should be abolished by law, if our surgeons have not sense enough to discard them in this department of surgery. The after-treatment in these cases is of great importance. The drainage-tube should be cleansed every half hour for the first day or two, until the discharge becomes small in quantity and serous in character, when it should be removed. The contents of the bowel should be kept in a soluble condition; and it should be purged with Epsom salts upon the slightest indication of peritonitis, when the symptoms will disappear like magic. The patient should be kept in bed from three to four weeks in the most favorable cases, and longer if deemed advisable.

Discussion..—DR. A. J. DOWNES: While in Atlantic City a year ago, I was hastily called to see a woman in collapse. There was great abdominal pain. She

had had two attacks of pain and collapse on the day before I saw her. At 10 A. M. she had an attack, and at 11 o'clock I saw her. In the afternoon she had a fourth attack and died. The point I wish to raise is whether, after the third collapse, with the abdomen filled with blood, a surgeon could go in without trained assistants, with a prospect of relieving the patient?

DR. J. HOFFMAN: It is unfortunate that some of the advocates of early diagnosis are not present. A case has recently been reported where it was claimed that a five months' fetus was melted away. Such a thing as that is impossible. Such reports cast disrepute upon electricity. Probably no series of cases has attracted so much attention as that reported by Dr. Thomas. I have carefully gone over them, and so far as they relate to the question of early diagnosis they are of no value.

I have myself twice operated, expecting to find extra-uterine pregnancy, but failed to find it. Once, when operating for something else, I did find it.

The treatment by puncture seems to me to be bad in all cases. Apostoli recommended puncture two years ago, but he had not tried it himself. The records of abdominal surgeons are positive; they know what they find and what they accomplish, and are entirely opposed to the theoretical part of the question, such as electricity must always remain.

DR. J. PRICE: In a case recently operated on, where there was a fairly good history of ectopic gestation, I removed from one side an ovarian blood-cyst. Blood-cysts have often been considered ovarian pregnancies. If these are ovarian pregnancies, they are exceedingly common. More than one-half of the cases of ectopic gestation die suddenly, before there is any suspicion of pregnancy.

In regard to the removal of the other tube and ovary in these cases. In one instance Mr. Tait removed an ectopic gestation and saved his patient. Two years later she conceived on the other side, but let the matter go without consulting a physician; the sac ruptured and she died. Dr. Sutton, of Pittsburgh, had a similar experience. In removing an ectopic gestation, I have thrice found on the other side a small ovarian cyst, hydrosalpinx or a pus tube. It is now a rule with me, if the patient's strength is fairly good, to remove the other tube.

DR. M. PRICE: In regard to the medico-legal aspect of this question. Some years ago a case occurred in which the woman died of internal hemorrhage. The physician making the autopsy did not say positively that the hemorrhage was caused by instrumental bad management of the case, and the doctor was convicted. My impression is that the woman had extra-uterine pregnancy, and that the manipulation of the uterus had caused rupture. If a case of extra-uterine pregnancy were roughly examined, rupture might very readily be produced. In such a case the surgeon would be justified in opening the abdomen with a penknife and securing the vessel. The first thing to be done is to get hold of the pedicle and put on a ligature. This is the only way to stop the hemorrhage.

Cincinnati Letter.

AN effort is being made to start another Woman's Medical College in Cincinnati. Cincinnati has too many teaching institutions in medicine now, and when will she stop? Professors are thick and growing thicker. One of our plain doctors went out the other day to take a walk to reduce his corpulence, and happened, after walking most of the afternoon, to meet another plain doctor out walking to get an appetite so he could eat more and grow fat. Says Doctor D. to Dr. K., "Say, doctor, I don't see your name on any college catalogue; let's start a college and be professors." "Oh, no," replied Dr. K., "let's don't, it's too common."

Papilloma of the bladder in the female is treated very successfully in the Cincinnati Hospital by Dr. C. D. Palmer, by washing out the bladder every other day with a saturated solution of boracic acid in water, and giving internally the following prescription:

R.—Acidi borici	5j.
Tr. hyosciami	5 ss.
Infr. buchu	5 iss.
M.—S. One teaspoonful every three hours.	

In cases where this does not suffice the doctor scrapes out the papilloma with a sharp curette, though this is seldom necessary, if the case is seen early.

The Cincinnati Obstetrical Society held its October meeting at the residence of Dr. E. S. McKee. The paper of the evening was read by Dr. E. W. Mitchell, on Dysmenorrhœa.

The annual election of officers at the Cincinnati Medical Society resulted as follows: President, Dr. C. R. Holmes; Vice-president, Dr. Wm. L. Mussey; Secretary, Dr. E. S. Stevens; Treasurer, Dr. J. C. Oliver; Corresponding Secretary, Dr. A. D. Birchard. An interesting report of a case of popliteal aneurism was made by Dr. W. L. Mussey, one of infectious phlegmon of the larynx by the retiring president, Dr. Joseph Eichberg and a case of cockle bur in the larynx by Dr. J. A. Thompson. The retiring president has, during his term of office, merited the respect and good will of all who have come under his rulings.

Clinical Significance of the Tendon Reflexes was the subject of a paper read before the Cincinnati Medical Society by Dr. Philip Zenner, from which the following is an abstract:

"Reflexes which are present in healthy individuals may be absent or may be in pathological excess; hence the significance of tendon reflexes in disease is dependent on the fact that they may be in a different condition from their state in normal subjects."

The author dwelt on certain phenomena in his paper. First, the absence of the patellar tendon reflex or knee jerk. As this is almost invariably found in healthy individuals, its absence is a very significant symptom. Second, the presence of ankle clonus or exaggerated Achilles tendon reflex. As this is rarely found in health, its presence is also significant.

The patellar tendon reflex is absent whenever there is disease in any part of its reflex arc, that is, the quadriceps femoris muscle, the crural nerve and its anterior and posterior roots, and the posterior column and anterior gray matter in the lumbar region of the cord. It is absent when there is neuritis of the anterior crural nerve, and this is the cause of its absence in some cases of diphtheritic and alcoholic paralysis, diabetes mellitus, paralysis from arsenic and other metallic poisons. It is often absent in anterior poliomyelitis, especially the infantile spinal paralysis, and is a reliable sign in these cases because it is present at a very early period. This sign is of most service in helping to diagnose or exclude locomotor ataxia. It is most valuable because it is always present, and at a very early period, in this disease.

The author then reported a number of cases which appeared to be very obscure, in which the presence of the knee jerk enabled him to exclude or its absence to diagnose locomotor ataxia. He also reported cases of general paralysis of the insane in which this symptom aided his diagnosis, for absence of patellar tendon reflexes and spinal myosis are very frequently found in this form of insanity.

The knee jerk is often difficult to elicit, even in healthy subjects; it should, therefore, never be declared absent without very careful examination, especially after Jendrassik's method. The patient is seated on a table so that the legs hang freely, the knees are laid bare; then the patient is told to clinch his hands and pull them forcibly apart; while his muscles are thus in a state of tension, the examiner strikes upon the ligamentum patellæ in every part. This method very much intensifies the knee jerk.

The patellar tendon reflex is often very slight in healthy persons, so that a slight response has no clinical significance; but when it is observed to gradually become less, week by week, or to be much less on one side than on the other, it arouses a suspicion of disease of the cord.

The ankle clonus is usually found when there is disease of the antero-lateral tracts of the cord, in various forms of myelitis, and in secondary degeneration of the pyramidal tracts after disease of the brain.

It often enables us to distinguish between hysterical and organic disease of the cord when otherwise a diagnosis is difficult.

This symptom is also of much value in prognosis in determining whether a hemiplegia following a cerebral lesion will be permanent. The earlier the ankle clonus can be elicited after the occurrence of the paralysis, the more unfavorable the prognosis.

CURE OF A CASE OF EXOPHTHALMIC GOITRE.—M. Gérin Rose reports a cure in a case of exophthalmic goitre existing in a woman thirty-six years of age. The case was complicated from the start, with marked gastric disturbances. The ordinary treatment was without result, and the symptoms did not pass away until after a sojourn in the country. This recovery has been kept up for eight years.

—*Revue de Laryngologie.*

Book Reviews.

CLINICAL LECTURES ON MENTAL DISEASES. By T. S. Clouston, M.D., Edin., F.R.C.P.E., Physician Superintendent of the Royal Edinburgh Asylum for the Insane; Lecturer on Mental Diseases in Edinburgh University, etc. To which is added an abstract of the Statutes of the United States and of the several States and Territories Relating to the Custody of the Insane, by Charles F. Folsom, M.D., Assistant Professor of Mental Diseases, Harvard Medical School, etc. Octavo volume of 541 pp., with eight lithographic plates, four of which are colored. Cloth, \$4.00. Henry C. Lea's Son & Co., Philadelphia.

In marked contrast to the abundant literature upon mental diseases is the slight attention usually paid to the study of these affections in the average medical school. No one can deny but that a knowledge of the workings of the mind, both in health and in disease, is a prime requisite of a complete medical education. However materialistic as physicians our views may be, we are compelled to recognize the existence of certain forces that are intangible and so far unlocalized, making up the complete picture of vitality. These forces, whether we name them spirit, mind, or what-not, are existent, and their intimate relationship with physical diseases of all sorts demands of us their closest study. Not only as alienists but as general practitioners we should be as familiar with them as possible. The moods of an individual are undoubtedly often dependent upon his digestion, and one would be rash indeed to say that such was always the case, as instances are frequent enough where the mood is the power affecting the digestion. And so on from such slight mental aberrations all the way up to the most hopeless forms of insanity the mind and its manifestations need to be understood, both in itself and in connection with organic lesions.

The study of psychology requires the strongest powers of the intellect, coupled with the most determined concentration, and it is this, perhaps, added to the lack of time, that has rendered the study such a neglected one in the college curriculum. Both as students and practitioners we are loath to burden ourselves with what is abstruse; we prefer to turn to that which is more gross, more impressive in its results before the laity, and so more immediately profitable to our own interests. But all this is a mistake, for there is scarcely a physician—particularly those away from the great centers of specialism—who may not, at one time or another in his career, be called upon to decide the mental condition of individuals; then, unless he be fully prepared and guarded in his opinion, misery will be his lot, or possibly a damaging lawsuit.

These well-known clinical lectures of Dr. Coulston are the best that we know of for the general practitioner. Without loading his book with abstruse problems and metaphysical theories, the author has arranged the whole class of mental diseases in such a way that they may be readily comprehended and easily studied. His classification, though not entirely satisfactory, is yet one of the most complete and practical known to this department of medicine. The special feature of the work, how-

ever, is the large number of cases reported from the author's own experience. This, as anyone can understand, is of unusual value in rendering the book practical and fit for the readiest reference. The work has long been one of the highest authorities among the English physicians, and the American edition, published under the supervision of Dr. Folsom, is further enhanced by the addition of an appendix relating to the statutes of this country for the care of the insane. The work of the publishers has been done in a manner worthy of so useful a contribution to the literature of mental diseases, and we therefore take pleasure in commending this book as a standard both for specialist and general practitioner.—L. H. M.

Pamphlets.

Clinical Observations on Some of the Effects of Direct and Indirect Traumatisms of the Brain. By R. Harvey Reed, M.D., Mansfield, Ohio. Reprint from Times and Register, August 24, 1889.

The Influence of Sewage and Water Pollution on the Prevalence and Severity of Diphtheria. By C. W. Earle, M.D., Chicago. Reprint from Archives of Pediatrics, November, 1888.

Infant Feeding. By Chas. W. Earle, M.D. Reprint from Journal of the American Medical Association, August 4, 1888.

Antiseptic Obstetrics. By Chas. W. Earle, M.D., Chicago. Reprint from Transactions of the Thirty-seventh Annual Meeting, Illinois State Medical Society, held in Rock Island, May 17, 1888.

Thirty-fourth Annual Announcement of the Kentucky School of Medicine, Louisville, Session of 1890. Courier-Journal Job Printing Co.

Influence of Music and its Therapeutic Value. By Sebastian J. Wimmer, A.M., M.D., St. Mary's, Pa. Reprint from New York Medical Journal, September 7, 1889.

The Medical Digest.

A PHYSICIAN of Roumania was severely bitten by a hydrophobic soldier, and has placed himself under treatment in the bacteriological institute at Bucharest.

ERGOT IN LABOR is advised by Schatz in the form only of fresh fluid extract, whenever the pains are feeble. It produces normal pains, which are not increased in intensity, but in number. Ten to twelve drops hourly regulate the pains, and should be used more frequently than is now the custom. The pains should be corrected by a guide.—*D. Med. Zeitung.*

CHRONIC COLD ABSCESSSES OF THE GLANDS are treated by Lassere by injection of:

R.—Naphthol-β	5.0
Alcohol (90°)	33.
Aq. dest. q. s. ad 100 C.C.	

Filter.

This is placed in hot water while being used; the syringe should also be warmed. The abscess is filled with the fluid.—*Ber. Klin. Wochenschrift.*

MIGRAINE is treated by E. Goubert with small doses of bromide of gold, 3 mg. in a glass of water an hour before breakfast and supper. In a few days the attack remains away, or becomes less frequent. Treatment for six or eight weeks generally prevents the attack for a long time, sometimes entirely. The paroxysm may also be rapidly checked by a dose of three mgr. in its inception; to be repeated in an hour if necessary.—*Wiener Med. Presse.*

PERNICIOUS VOMITING OF PREGNANCY.—A case reported in the *Wiener Med. Wochenschrift* deserves attention. All remedies having failed and abortion being declined, recourse was had to enemata of $\frac{1}{2}$ litre milk at 35° C., with 2.0 chloral and pot. bromide and the yolk of one egg. After several days constipation, $\frac{1}{2}$ litre of milk with 8.0 salt, and repeated in half an hour, produced an abundant stool. Afterwards the patient retained milk and broth, and slept well. After a few relapses, which were similarly treated, she recovered completely.

ELECTRICITY IN GYNÆCOLOGY ACCORDING TO APOSTOL'S METHOD.—The author has treated during the last academic year thirty patients. The diagnoses (confirmed in consultation, among others by Prof. Sneguireff) were twelve cases of salpingitis, four of oophoritis, six of metritis, three of amenorrhœa, five of fibromata, and one of atrophic parametritis.

The following conclusions were drawn:

1. In salpingitis (hydro- or hemato-) the continuous current (180–250 milliamperes) gave most brilliant results. In pyosalpingitis the results amounted to nothing (two cases), thus affording perhaps a means of differential diagnosis. There was the same elevation of temperature, up to 38° and 38.5° Cent., in both cases, and the electricity had to be abandoned after five sittings.

2. In three cases of chronic inflammation of the ovaries, the size of the ovary returned to normal and the pains disappeared (160–220 millamp.)

3. In chronic metritis the author preferred electricity to massage, for he has seen the uterus invariably diminish in size almost to half, after seven seances, and the pains disappear (save in one case, in which the patient could not bear more than 80 milliamp.) with currents reaching the height of 280 milliamp.

4. In amenorrhœa the author had had one success; in two other cases, one patient could not bear more than 50 milliamp., and the other received the application of electricity only four times in four months.

5. In fibromata he believes that it is an unpardonable error to operate without first testing electricity, whatever may be the size of the tumor.

6. In a case of atrophic parametritis (cirrhotic) the cure was not complete, although the painful symptoms had disappeared and the exudation had diminished by half.—*Gazette de Gynæcologie.*

STILL another candidate in the hypnotic way appears in *somnal*, a chemical compound of chloral, urethane, and alcohol, which is being introduced in

Germany. It is said to be free from the uncertainty of chloral, producing sound sleep in about half an hour after administration, and without after ill effects. One would think that the uninterrupted deluge of soporifics to which we have been treated lately would have driven morphine out of medical practice entirely. It holds its own bravely, however, and is likely to survive the demise of many of its modern rivals.—*Canada Pharmaceutical Journal.*

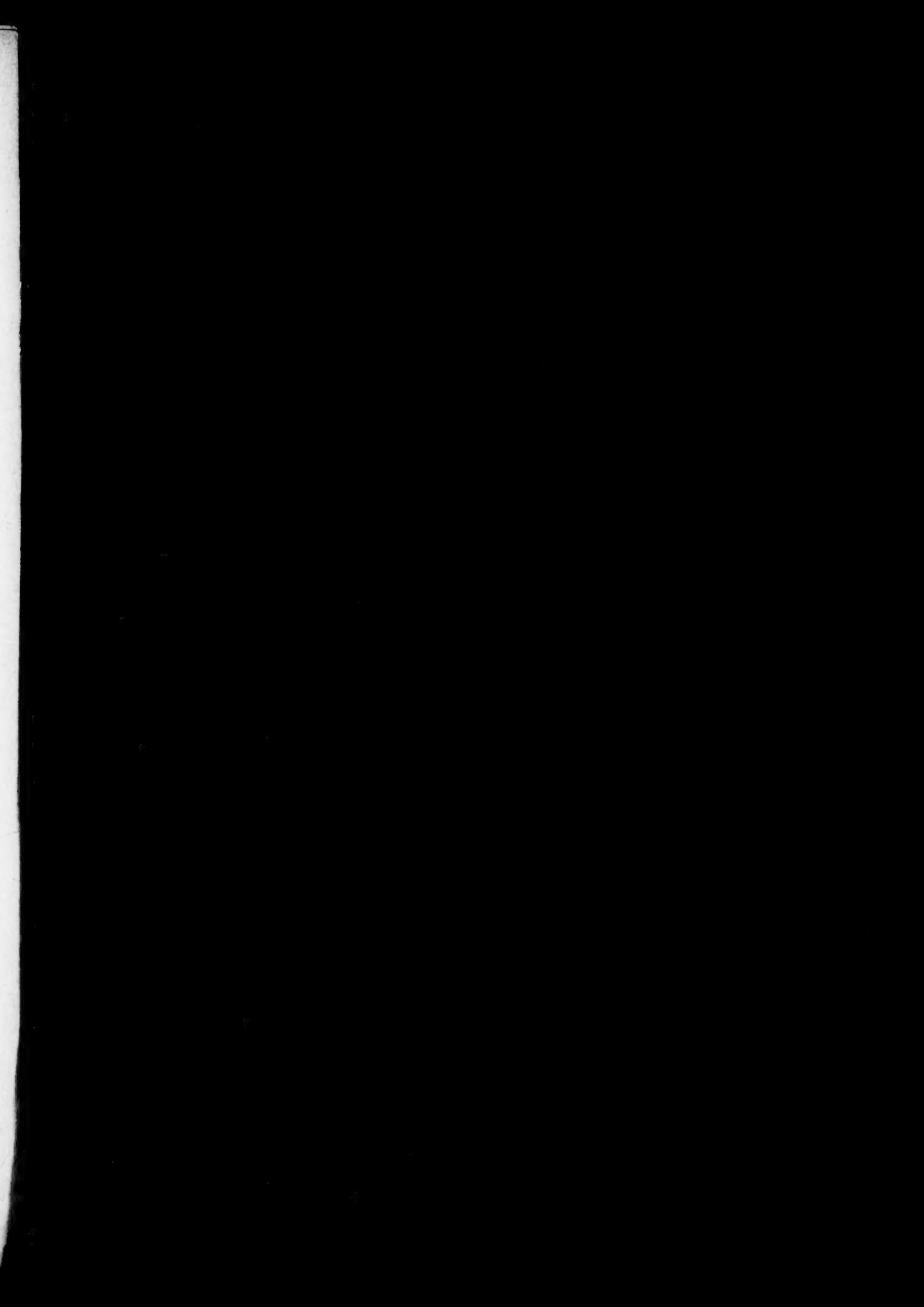
MEDICAL MISCONCEPTIONS ABOUT LITHIUM SALTS.—It is commonly believed that the salts of lithium possess special power in preventing the deposition of uric acid in the tissues, or for dissolving and removing deposits which have already formed. As a result these salts have been largely employed in medicine, but from a paper read by Prof. L. Siebold, at the British Pharmaceutical Conference, it appears that there is no ground for believing that the salts of lithium possess any advantage over the corresponding compounds of allied metals.

Prof. Siebold's conclusions are as follows:

1. The relative solvent action of solutions of lithium, sodium, and potassium carbonates on a given weight of uric acid, under equal conditions of dilution and temperature, is strictly proportional to the ratio of the molecular weights of these solvents. (The determinations were made at 37° C., and the proportion of water to uric acid was not much greater than that occurring in urine.)
2. Equivalent proportions of the three solvents named dissolve equal quantities of uric acid under equal conditions of dilution and temperature. (Experiments conducted on the same lines as in 1.)
3. Crystals of uric acid deposited from urine show the same behavior towards the solvents named as the pure uric acid used in 1 and 2.
4. Equal weights of a urinary sediment consisting of acid urates, are dissolved by quantities of the three solvents named, proportionally to their molecular weights.
5. Lithium chloride and lithium sulphate exercise no solvent action on uric acid and acid urates.
6. Natural mineral waters containing lithium have no solvent action on uric acid beyond that exercised by basic constituents simultaneously present, and by the water.
7. The degree of alkalinity produced by the internal administration of medicinal doses of lithium citrate is not greater than that produced by equivalent doses of potassium citrate. It is greater than that produced by equal doses of the corresponding potassium salts, but only so in proportion to the molecular weights. (All these experiments were conducted under strictly equal conditions of diet. The alkalinity was determined in the urine of twenty-four hours.)

Lithium salts are known to be more toxic than potassium salts, and hence less suitable for prolonged administration. Altogether, the superiority of lithium salts as remedies in calculus, gout, etc., appears much overrated.

—*Canadian Pharmaceutical Journal.*





Medical News and Miscellany.

CURE for sleep-walking: a floor besprinkled with tacks.

THE lotus plant is cultivated in India as a water purifier.

KEOKUK quarantines her cases of diphtheria and scarlet fever.

THE faith cure craze has afflicted the Mennonites at Reading, Pa.

NEW HAVEN people use about 2000 ounces of quinine every year.

LUNACY and idiocy are said to be increasing in Great Britain.

TYPHOID fever causes one-third of the deaths in the French army.

ST. LOUIS had, during October, a death rate of 17.78 per 1,000.

HOLLARRHENA, an antidiysenteric, is a new herb just received for introduction here.

LOUISVILLE, for the year ending August 31, has had a death rate of fourteen per one thousand.

A DUTCH physician declares that mental disorders sometimes result from a chronic disease of the nose.

NEARLY one-half of the four hundred and eighty-seven doctors in medicine, of Boston University, are women.

Two deaths have recently occurred in St. Louis hospitals, from anaesthetics administered for trifling injuries.

AUSTRIA is the only civilized country in the world that prohibits women from entering the medical profession.

AN up-town lady's arm is recovering from a species of paralysis, the result of a blow from one of the late hailstones.

ACCORDING to Prof. Hartog in *Nature*, acquired habits may become a transmitted inheritance in the next generation.

JOS. WHITTON, in *Table Talk*, says the first lesson in dyspepsia is a surprise to him who thinks he knows everything.

THE death of a child, supposed to be from small-pox, occurring in a Louisville street car, caused a sudden flight of passengers.

DURING the past year there were registered at the Philadelphia Board of Health 22,455 births, 20,284 burials, and 4,420 marriages.

DR. TETAMORE, of Brooklyn, is said to have utilized the cartilage taken from the breast-bone of a living chicken, in restoring the nose of a patient.

Texas Siftings says it is hard to distinguish between malarial and yellow fevers. After you have had it, if you are not alive, most likely it was yellow fever.

THE use of borax for the preservation of milk has suggested this means for the prevention of scarlet fever, as that disease is frequently carried by milk.

E. H. PLUMACHER, United States consul at Maracaibo, telegraphs to the State Department that the reports that yellow fever is raging at Maracaibo are untrue.

UPON the authority of the *Leipsic Journal*, to prevent hydrophobia, bathe the wound with warm vinegar and water, and when dry apply a few drops of muriatic acid.

DR. SAMUEL W. ABBOTT, Secretary of the Massachusetts Board of Health, recommends carbonic oxide as a painless and instant substitute for hanging.—*Record*.

DR. ISAAC BARTLETT, of Hope, Me., now nearly seventy years of age, and weighing two hundred and forty pounds, has lived his entire life on a diet of bread and milk.

The cattle disease that has been prevailing in Berks and Lehigh counties has been pronounced to be a form of influenza by Dr. Bridge. The disease is not contagious.—*Record*.

A HARRISBURG apothecary is working on a slot-and-nickel dispensary, which will shove out a castor-oil capsule, a mustard plaster, a Seidlitz powder, etc., on the insertion of the coin.—*Record*.

DR. ALFRED L. LOOMIS says he is strongly opposed to smoking in the morning. Smoking moderately at any time after luncheon, even just before retiring, he does not consider injurious.

DR. QUINDORA MCQUAID, assistant resident physician in the women's department at the State Hospital for the Insane, and Dr. J. G. Bauman, of Telford, have been elected members of the Montgomery County Medical Society.

THE New Home for Convalescents, at 35 North Fortieth Street, is almost completed and will be opened in a short time. The home is a three-story brick building with a stone front, forty feet long by seventy feet deep.—*Press*.

MRS. CAROLINE A. WENTS, of this city, has, through her friend, Mrs. George E. Stubbs, given \$5,000 to endow a perpetual free bed in the Medico-Chirurgical Hospital, to be known as the Ann Emrick bed, in memory of her deceased mother.

LAST week Philadelphia recorded sixteen deaths from typhoid fever, nine from scarlatina, sixty from consumption of the lungs, twelve from croup, ten from diphtheria, and thirty-five from pneumonia; total from all causes three hundred and ninety-nine.

THE Philadelphia Board of Health has of late shown an unwonted degree of activity. One of the projects recently broached is the construction of a crematory for the destruction of bodies of paupers and others who die of small pox and other contagious diseases, which render them unfit for dissection.

DIPHTHERIA broke out in the Children's Home and the County Almshouse, Washington, Pa., Nov. 9. Ten deaths have occurred in the former institution and five are now ill with the disease.

IN the Florida Everglades, a man had his leg crushed by the fall of a tree. As there was no physician within reach he let nature take its course, and the leg rotted off at the knee, the man recovering without any symptoms of gangrene.

From July 27 to September 26 there were 6,173 deaths from cholera in Mesopotamia reported; but this is below the truth, as many cases are not reported. The epidemic has subsided in that province, but has spread to an alarming degree in Persia.

Gov. FORAKER's private secretary announces that the Republican candidate has "peritonitis of the stomach." It is further said that Foraker gained 5,000 votes by this affliction. If he had been attacked by spinal meningitis of the heart or albuminuria of the lungs he might have been elected.

It is reported in the usually correct and trustworthy *Record* that Professor S. G. Dixon has succeeded in attenuating the tubercle bacillus until he has obtained a variety which, itself harmless, still protects rabbits against inoculations with the virulent, unattenuated bacillus.

Some of the Indiana school teachers are in favor of a course of instruction on the effects of tight lacing and injurious cosmetics, and resolve to denounce these evils, as well as those of gum-chewing, and the use of wire, cotton, saw-dust, etc., to improve the contour of the human form.

THE Board of Health has made additions to the laws governing interments in cases of contagious diseases. The *Inquirer* comments thereon: "If the citizens will not observe sanitary precautions while alive, the Board is bound they shall have the full benefit of after death."

THE Spanish bark Canaria came into one of our ports with yellow fever on board. It was found that she had taken on ballast at Havana, from a pile of stone over which the sewers of Moro Castle pour the dejecta from Spanish soldiers sick with yellow fever. Will the world ever learn anything?

THE first of a series of scientific lectures, under the auspices of the Odontological Society of Pennsylvania, was given in Justi's Hall, northwest corner Thirteenth and Arch streets, on Saturday evening, November 2, 1889, by Ernest Laplace, A.M., M.D. (Paris), Professor of Pathology in the Medico-Chirurgical College, Philadelphia, the subject being "Fermentation, Its Cause and Effects."

DR. JOHN T. GREEN, Chief Resident Surgeon of the Presbyterian Hospital, has resigned, in order to travel as physician to a private family through the West during the winter. By Dr. Green's resignation Dr. S. D. Van Meter becomes Chief Resident Surgeon, Dr. Benjamin McGuilliard, Junior Surgeon, and Dr. William C. Posey, Senior Physician.

The seventy-first annual report of the Northern Dispensary, No. 608 Fairmount avenue, just issued, shows that during the past year 14,242 patients were treated there, and 27,988 prescriptions filled free of charge. This work was accomplished at a cost of \$5,023.42, an average cost of eighteen cents for each patient treated.

THERE is renewed trouble in the Woman's Homoeopathic Hospital of Philadelphia. Last year the staff resigned, because they were not allowed to use other than strictly homoeopathic remedies in strictly homoeopathic doses. Now, it appears that the hospital is suffering from an acute attack of Christian science; and as an indirect but effectual remedy the pure Hahnemannians have had the leading faith curist arrested for practising without being registered. Let the good work go on.

PROF. S. B. HOWELL has resigned his chair in the faculty of the University of Pennsylvania, in order to devote his whole time to his classes in the Medico-Chirurgical and Philadelphia Dental Colleges. The Board passed a vote of thanks to Professor Howell for his many years of excellent service. Edward D. Cope was elected to succeed him. Professor Cope is one of America's foremost geologists, and will probably soon qualify himself for the teaching of mineralogy.

THE American Institute Fair will positively close on Saturday evening, November 30. There is not much time till then, and there is so much worth seeing that neither old New Yorkers nor young New Yorkers, nor the friends and visitors of both can afford to lose the opportunity afforded of visiting the exhibition. The best people of the city go to the fair. It is conveniently reached, being at Third avenue and Sixty third street, and there is much more than twenty-five cents worth of amusement and instruction to be had for the price of admission.

WHEN may refugees safely return to their homes after yellow fever?

This question is answered as follows by Joseph V. Porter, State Health Officer of Florida:

After the occurrence of ice;

After the occurrence of three killing frosts;

After the occurrence of no cases of fever for a period of two weeks; and

After thorough disinfection and ventilation of all localities infected and bedding and such other articles as are capable of conveying germs.

THE report of the West Philadelphia Hospital for Women, at Forty-first and Ogden streets, for October, gives the following statistics of work done during the month: Patients treated in dispensary, 65: in the hospital, 4; in the out-practice, 8; number of visits to the dispensary, 129; to out-patients, 51, and number of prescriptions compounded, 131. The hospital is still in need of money, not being able to do as much as would be desirable for those applying for aid, on account of the lack of money and appliances.

At the session of the American Public Health Association in Brooklyn, Dr. Lee, of Philadelphia, offered resolutions asking the Government to purchase the island of Cuba, as a sanitary measure of precaution against the spread of yellow fever, small-pox and leprosy. Dr. Lee considers the insufficiency of precautionary measures in Cuba a constant menace to the people of the United States. If our people could be brought to realize the enormous cost of an epidemic they would understand that the cost of such an investment as Dr. Lee suggested would be amply repaid by the results in the prevention of disease alone. At present Cuba is a standing menace to our Southern States.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Medical Index.

We purpose on this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

- Arthropathies, traitement (suite), par M. le Prof. Guyon. *Annales d'Orthopédie*, Oct. 15, 1889.
- Apparent cancerous transformation of syphiloma of the tongue, excision by the galvano-cautery, G. Frank Lydston, M.D. Chicago. *N. Y. Med. Record*, Oct. 26, 1889.
- Actinomycosis, Danforth. *The Med. Current*, Sept., 1889.
- Brain specimens chiefly illustrating localization, Chas. K. Mills, M.D. *University Medical Magazine*, Nov., 1889.
- Case of papillomatous urethritis, F. M. Briggs, M.D. *Boston Med. and Surg. Journal*, Oct. 24, 1889.
- Clinical observations on rhus toxicodendron, John Aulde, M.D. *Therap. Gaz.*, Oct. 15, 1889.
- Cholecystotomy by lumbar incision for distended gall bladder simulating floating kidney, J. Ewing Mears, M.D. *Annals of Surgery*, Oct., 1889.
- Convenient and comfortable dressing for fracture of the bones of the hand, Geo. F. Beasley, M.D. *Amer. Practitioner and News*, Oct. 26, 1889.
- Discussion on an estimate of the value of electricity in gynecology. *Brit. Med. Journal*, Oct. 19, 1889.
- Discussion on the treatment of retention of urine from prostatic enlargement. *British Medical Journal*, Oct. 19, 1889.
- Des deformations permanentes des doigts déterminées par la tuberculose de ces organes. par M. le Prof. Lannelongue (Paris). *Annales d'Orthopédie*, Oct. 15, 1889.
- Des greffes appliquées à la guérison des difformités par des cicatrices, par M. Heidenreich (de Nancy). *Ibid.*
- De l'absinthe; étude physiologique de la liqueur d'absinthe et des essences qui entrent dans sa composition, J. V. La borde, rapporteur. *La Tribune Méd.*, Oct. 10, 1889.
- Des tractions soutenues, par M. Chassaguy (de Lyon). *Revue Médicale*, Aout, 1889.

ACCORDING to the rates of mortality in thirty-eight large cities in the world, San Francisco ranks as the first, and Philadelphia the second, in healthfulness.

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the United States Navy for the week ending November 9, 1889.

Surgeon B. F. Mackie and Assistant-Surgeon Geo. McC. Pickrell, detached from the U. S. S. Ossipee, and placed on waiting orders.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the two weeks ended November 9, 1889.

PURVIANCE, GEORGE, Surgeon. Granted leave of absence twenty-one days. November 8, 1889.

AUSTIN, H. W., Surgeon. To inspect unserviceable property at St Louis Marine Hospital. November 4, 1889.

GAASSAWAY, J. M., Assistant-Surgeon. Relieved from duty at New Orleans, La., to rejoin station at Cairo, Ill. October 23, 1889.

BANKS, C. E., Passed Assistant-Surgeon. Granted leave of absence for thirty days. October 28, 1889.

STONER, J. B., Assistant-Surgeon. Ordered to Vineyard Haven, Mass., for temporary duty. November 6, 1889.

CONDICT, A. W., Assistant-Surgeon. Ordered to Cairo, Ill., for temporary duty. Nov. 4, 1889.

GUITERAS, G. M., Assistant-Surgeon. Ordered to Washington, D. C., for temporary duty. November 8, 1889.

GROENEVELT, J. F., Assistant-Surgeon. Ordered to New York, N. Y., for temporary duty. November 5, 1889.

Dyspepsia and its treatment, Edwin Carson, M.D., San Diego, Cal. *Southern California Practitioner*, Oct., 1889.

Enclavement de la tête au detroit inférieur, par Eug. Hubert. *Revue Méd.*, Aout, 1889.

Ectopic gestation, Lawson Tait. *Med. Press and Circular*, Oct. 16, 1889.

Fistula and haemorrhoids, treatment of, Taylor. *Cincinnati Med. Journal*, Oct. 15, 1889.

Further observations upon beta-naphthol, John V. Shoemaker, A.M., M.D. *Therapeutic Gazette*, Oct. 15, 1889.

Heating and ventilation of public buildings, Thomas Elkinton. *The Sanitarian*, Oct., 1889.

How far may a cow be tuberculous before her milk becomes dangerous as an article of food? Harold C. Ernst, A.M. M.D. *American Journal of the Med. Sciences*, Nov., 1889.

Hysterical anaesthesia, with a study of the fields of vision, John K. Mitchell, M.D., and G. E. de Schweinitz, M.D. *Amer. Journal of the Med. Sciences*, Nov., 1889.

Imperforate ileum, J. Bland Sutton, F.R.C.S. *American Journal of the Medical Sciences*, Nov., 1889.

Jean Palfyn (1650-1730); discours. *Revue Méd.*, Aout, 1889.

Kolpoctostomie, par D. Marsil, M.D., St. Eustache, Qué. *L'Union Médicale du Canada*, Oct., 1889.

Knots, ligatures and sutures, with 21 illustrations, Farquhar Curtis, M.D. N. Y. *N. Y. Med. Record*, Oct. 26, 1889.

L'exalgine ou methylacetanilide, L. Junon. *La France Méd.*, Oct. 8, 1889.

L'électricité statique, L. Greffier. *La France Méd.*, Oct. 10, 1889.

La méthode expérimentale principalement considérée dans les sciences biologiques et en médecine (suite), par J. V. Laborde. *La Tribune Méd.*, Oct. 3, 1889.

Local treatment of diphtheria, J. C. Mulhall, M.D. *American Journal of the Med. Sciences*, Nov., 1889.

Modern treatment of pulmonary phthisis, C. F. McGahan, M.D. *Amer. Pract. and News*, Oct. 26, 1889.

Mental therapeutics, Ford. *The Med. Current*, Sept., 1889.

Morbid perforations of the nasal septum, Thrasher. *Cincinnati Lancet-Clinic*, Oct. 26, 1889.

- Memoria letta alla conferenza scientifica del mese di luglio 1889 nell' ospedale militare di Roma. Fede Gionale Medico, Sept., 1889.**
- Nouvelle méthode pour atteindre les organes pelviens par la voie sacrée, par le Dr. Roux. Gaz. de Gyn., Oct. 15, 1889.**
- Nouvelle couveuse pour enfants, par le Dr. Auvard. (Gravures.) Bulletin Général de Thérap., Oct. 15, 1889.**
- Orthopedics of infantile paralysis, Geo. W. Ryan, M.D. Amer. Pract. and News, Oct. 26, 1889.**
- Operative treatment of spina bifida, E. P. Hurd, M.D. Therapeutic Gazette, Oct. 15, 1889.**
- On the alleged tolerance of the iodides in late syphilis, Henry W. Stelwagon, M.D. Therap. Gaz., Oct. 15, 1889.**
- On gunshot wounds of the abdomen with especial reference to wounds of the intestines, Lewis A. Stimson, M.D. New York Medical Journal, Oct. 26, 1889.**
- Present state of sanitary knowledge and economies of application, Sir Edwin Chadwick, C.B. Sanitarian, Oct., 1889.**
- Physiological condition and sanitary requirements of school-life and school houses, A. N. Bell, M.D. The Sanitarian, October, 1889.**
- Questions médico-legales relatives à l'abus de la morphine, par MM. Lutaud et Descoust. La France Méd., Oct. 15, 1889.**
- Quartrième congrès français de chirurgie, tenu à Paris du 7 au 13 Oct., 1889 (suite et fin). La Semaine Méd., Oct. 16, 1889.**
- Quelques critiques sur les périmètres, par le Dr. Deeren, de Bruxelles. (Suite et fin.) Recueil d'Ophthalmologie, Sept., 1889.**
- Railway shock and its treatment, F. X. Dercum, M.D. Therapeutic Gazette, Oct. 15, 1889.**
- Remarques sur l'hérédité (suite), par le Dr. Hervouet. Gazette Médicale de Nantes, Oct. 9, 1889.**
- Recherches cliniques et expérimentales sur l'antisepsie médicales (fin), par M. le Prof. Petresco. Bulletin Général de Thérap., Oct. 15, 1889.**
- Rapports entre les maladies des yeux et les maladies du nez, par le Dr. F. Despagnet. Recueil d'Ophthalmol., Sept., 1889.**
- Resorcin bei Keuchhusten, Anderer. Centralblatt für die Medicinischen Wissenschaften, 5 Oct., 1889.**
- Sewage disposal for water closet towns, Alfred Carpenter, M.D. The Sanitarian, Oct., 1889.**
- Some clinical aspects of vomiting, John H. Musser, M.D. University Medical Magazine, Nov., 1889.**
- Sur l'opération d'Alexander-Adams, par le Dr. Roux. Gazette de Gynécologie, Oct. 15, 1889.**
- Solanum carolinense, George Foy. Med. Press and Circular, Oct. 16, 1889.**
- Some causes of preventable blindness, Hasket Derby, M.D. Boston Medical and Surgical Journal, Oct. 24, 1889.**
- Surgical operations for the relief of pressure paralysis in caries of the spine, William N. Bullard, M.D., and Herbert L. Burrell, M.D. Boston Med. and Surg. Jour., Oct. 24, 1889.**
- Sur la suture de la cornée dans l'opération de la cataracte, par le Dr. Suarez de Mendoza (d'Angers). Recueil d'Ophthalmologie. Sept., 1889.**
- Some manifestations of lithæmia in the upper air-passages, F. Whitehill Hinkel, A.M., M.D. American Journal of the Sciences. Nov., 1889.**
- The toxic action of chromic acid used as a cauterant, J. William White, M.D. University Medical Magazine, Nov., 1889.**
- Two cases of cervical adenoma with unusually extensive dissection of the tissues of the neck, Jarvis S. Wright, M.D. Annals of Surgery, Oct., 1889.**
- Treatment of diseased tonsils when unattended with hypertrophy, J. O. Roe, M.D. N. Y. Med. Journal, Oct. 26, 1889.**
- Treatment of phthisis pulmonalis with small doses of mercury bichloride combined with potassium iodide, John R. Hall, M.D. American Journal of the Medical Sciences, Nov., 1889.**
- Use of oxygen in the treatment of leukaemia and grave anaemias, J. M. DaCosta, M.D., LL.D., and E. P. Hershey, M.D. Amer. Journal of the Med. Sciences, Nov., 1889.**
- Value of electrical methods employed for resuscitation of persons who have ceased breathing, H. A. Hare, M.D., and Edward Marten, M.D. University Med. Magazine, Nov., 1889.**

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(Please mention the Times
and Register.)

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L A M B E R T'S LITHIATED HYDRANGEA.

FORMULA.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of chemically pure Benzo-Salicilate of Lithia. Prepared by our improved process of osmosis, it is invariably of definite and uniform therapeutic strength, and hence can be depended upon in clinical practice.

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THE solution and elimination of an excess of uric acid and urates is, according to many authorities, best attained by intelligent combination of certain forms of Lithia and a Kidney Alterative.

The ascertained value of Hydrangea in Calculous Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well-known utility of Lithia in the diseases of the Uric Acid Diathesis, at once justified the therapeutic claims for Lambert's Lithiated Hydrangea when first announced to the Medical Profession, whilst subsequent use and close clinical observation have caused it to be regarded by Physicians generally as the best and most soothing Kidney Alterative and Anti-Lithic agent yet known in the treatment of

Urinary Calculus, Diabetes, Gout, Cystitis, Rheumatism, Hæmaturia, Bright's Disease, Albuminuria and Vesical Irritations generally.

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DIETETIC NOTE.—A rigid milk diet has given good results in many cases.

Allowed.—Fish, sweet breads, sago-tapioca, macaroni, baked and stewed apples, prunes, etc.; spinach, celery, lettuce, etc., may be used in moderation in connection with a milk diet, without impairing its effect, and with great comfort and enjoyment to the patient.

Avoid.—Strong coffee and tea, alcoholic stimulants, soups and mad-dishes.

We have had prepared for the convenience of Physicians **Dietetic Notes**, suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations, bearing upon the treatment of this class of diseases.

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GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry, malt liquors, and sweet wines, are veritable poisons of these patients.

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FOR INDICATING THE STRENGTH OF CURRENT OR DOSAGE.

The scale is graduated in thousandths of an Ampere, called Milliamperes and has a range from Zero to 1000. Extremes of current employed are never less than $\frac{1}{4}$ nor more than 1000 Milliamperes. This instrument is indispensable to the physician who desires to intelligently employ electricity in his practice.

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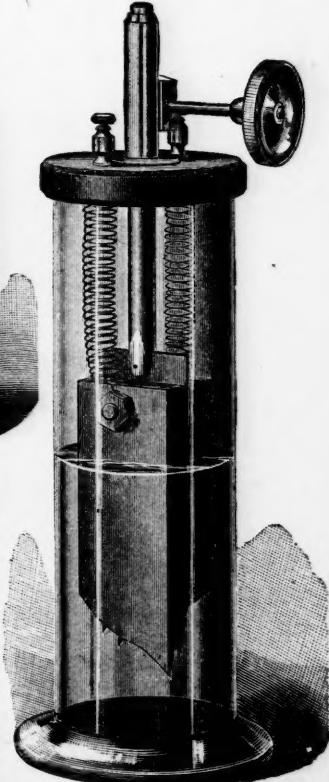
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Special price to physicians ordering 30 or more, \$1.00 per cell, net.



Baily Current Regulator.

BAILY CURRENT REGULATOR. For regulating the strength of current or dosage. This NEW instrument perfectly supplants the Switch-board or Cell Selector as a means of modifying the current. It is far better, also cheaper. It imposes EQUAL WORK upon all cells of the BATTERY. Current circulation is perfect. From full strength of the battery down to a current so feeble as to be imperceptible to the most sensitive organ, and this without any possibility of breaks in the circuit, or sudden shocks to the patient; a very important feature. With the regulator there is a saving in the number of wires leading from the battery, as only two are necessary. **Price, \$10.00 Net.**

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Notes and Items.

A LADY in Reading is said to have expectorated a lizard that lived in her stomach for twelve years. Fishy!

A VERACIOUS daily paper says: "Julian Sterling, of Bridgeport, Ct., lately had his eyeball removed by a doctor to get at a cinder, and while it lay on his cheek, insensate to pain from cocaine, he could see his ear with it."

THEORY AND CONDITION.—Doctor—Take these powders as directed, and your cold will be gone in two or three days. Patient—You seem quite hoarse, doctor? Doctor—Yes, I've had a bad cold for three weeks.—*The Epoch.*

CHAS. CHADWICK, Otis R. Wyeth, Louis A. Schoen, Geo. J. Schoen, Chas. F. Hermann, Geo. Eyssell, and Horace L. Roy have been fined five hundred dollars and costs for counterfeiting a trademark preparation known as bromidia.

—*Kansas City Star*, October 29, 1889.

MUSK, formerly largely employed in therapeutics, especially in the Orient, has become disused, from the difficulty of obtaining it in a pure state. When perfectly fresh it is so pungent that it will produce severe headache, and even violent bleeding from the nose.

Doctor, Do you use Bismuth in your practice? Have you used the Subnitrate of Bismuth made by STEVENSON & JESTER, PHILADELPHIA.

It is the FINEST SUBNITRATE OF BISMUTH made, and appears in the market as a white, fluffy, impalpable powder of great bulk. It is of great therapeutic activity, very, very slightly acid, and absolutely chemically pure.

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made by STEVENSON & JESTER, Philadelphia, and you will get a Syrup free from cloud or deposit, and in which each Salt is A PURE HYPOPHOSPHITE. Each fluidrachm or teaspoonful contains:

Strychnine Hypophosphate,	1-120 grain.
Manganese "	1/8 "
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Potassium "	1/4 "

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Of course, you use FLUID EXTRACTS, but you may say they are uncertain. Our FLUID EXTRACTS are not uncertain, for in each pint there are (8000) eight thousand grains of the best selected crude drugs, and only the very best that can be obtained are used. Try our ERGOT and you will use no other.

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SVAPNIA has been in steadily increasing use for over twenty years, and whenever used has given great satisfaction.

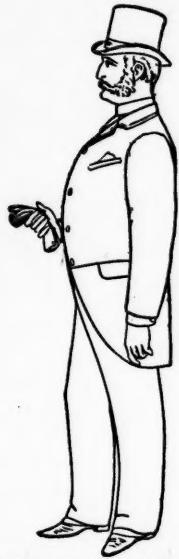
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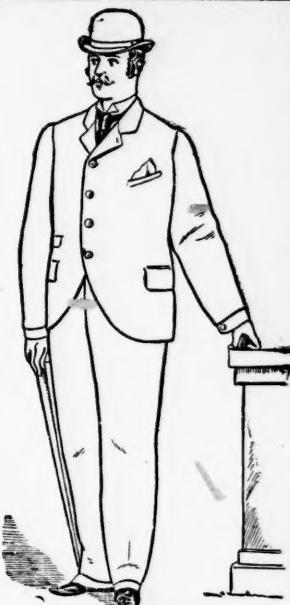
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for DYSPEPSIA, VOMITING IN PREGNANCY,
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Natural Carlsbad Sprudel Salt,

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Easily Soluble, Palatable, and Permanent. As an Aperient it should be given before breakfast
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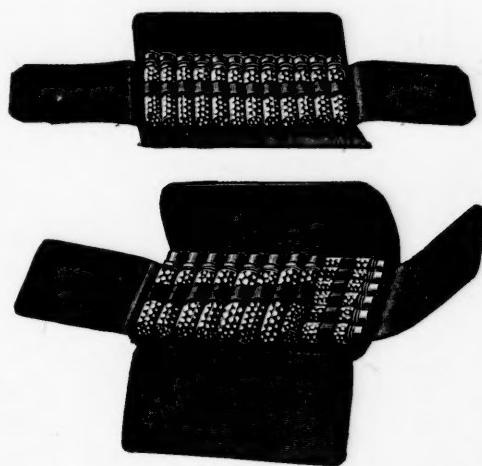
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This Visiting List is arranged upon a plan best adapted to the most convenient use of all physicians, and embraces a new feature in recording daily visits not found in any other list. The necessity of rewriting the names of patients *every week is obviated*, as the arrangement of *half pages requires* the transfer of names *only once a month*; at the same time the record is kept just as perfect and complete in every detail of *visit, charge, credit, etc.*, as by the old method. There are no intricate rulings; everything is easily and quickly understood; not the least amount of time can be lost in comprehending the plan, for it is acquired at a glance.

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It contains all the useful printed matter usually found in such publications, following which comes the Visiting List proper, consisting of Blank Pages and Half Pages, conveniently ruled for recording visits; Special and general memoranda, Addresses of Patients, Nurses, and others; Obstetric, Vaccination, Births and Deaths Records; Bills Rendered, Cash Accounts, etc., etc. Handsomely bound in fine, strong leather, with flap. Compact, light, and convenient for carrying in the pocket, 4 x 6½ inches.

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In a recent number of a Journal appears an advertisement under the above caption, which goes on to show that "one of the causes which incites and perpetuates the gastric and intestinal inflammation is undigested, or partially digested, fermenting milk or other food," and that "it is as an aid to the removal of this cause, both in predigesting milk or other food before it is given, and in digesting fermented undigested food in the stomach, that pepsin is indicated in infantile diarrhoea, and its efficacy has been well attested by many well known medical writers," all of which is undoubtedly true.

But the active principles of commercial pepsins are the pepsin ferment proper, and the milk-curdling ferment, and it being only the latter that is concerned in the diet of nursing infants, just to the extent a pepsin contains the curdling ferment is it useful in infantile diarrhoea. Hence, all that the advertising company referred to has to say about the wonderful digestive power of its pepsin as applied to *albumen*, is something like trying to prove black to be white by stating that something else is white—in other words, assuming the statement of the company to be true as regards the digestive power of its pepsin (and it is an assumption), such a mode of test is no proof whatever of the value of the article in infantile diarrhoea.

That the pepsin referred to possesses the *very odor* that its manufacturer names as characteristic of putrefaction, is not only a self-condemnatory fact, but is a sign of danger inadvertently hung out by this would be authority.

All soluble forms of what are termed pure pepsin (*i. e.* free from added material) are more or less hygroscopic, and the pepsin referred to is no exception in this particular—though the company manufacturing it claim the contrary. Any one can prove this by exposing to the air, side by side during damp weather, samples of soluble pepsins, using for control a sample of Ford's Pepsin which will be found unaffected by prolonged contact with moist air. Air, heat and moisture are the essential conditions of putrefaction. Either of the two former cannot be guarded against in the case of pepsin, nor is it necessary that they should if ordinary care is exercised against unnecessary exposure. When a manufacturer advises the use of a hygroscopic pepsin as though it were non-hygroscopic, there is liable to be rapid deterioration if the user obeys instructions, and consequently but little medicinal advantage derived, no matter how high the test of the article when fresh.

The medical profession has so long and successfully used

GOLDEN SCALE PEPSIN

for liquid forms and combinations, and

FORD'S PEPSIN

for all dry forms where exposure has been necessary, and either or both for predigestion of foods as well that they may well be ranked as

THE STANDARD PEPSINS.

These have stood the test of time, and withstood the attacks of competitors, therefore must possess intrinsic merits which is the best endorsement.

New York & Chicago Chemical Co.,

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FELLOWS' HYPO-PHOS-PHITES.

(SYR: HYPOPHOS: COMP: FELLOWS.)

Contains **The Essential Elements** to the Animal Organization—Potash and Lime;

The **Oxidizing Agents**—Iron and Manganese;

The **Tonics**—Quinine and Strychnine;

And the **Vitalizing Constituent**—Phosphorus,

Combined in the form of a Syrup, with **slight alkaline reaction**.

It has Sustained a High Reputation in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

Its Curative Properties are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

In Cases where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

Its Action is Prompt; stimulating the appetite and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

The Prescribed Dose produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of **MENTAL AND NERVOUS AFFECTIONS**.

From its exerting a double tonic effect and influencing a healthy flow of the secretions its use is indicated in a wide range of diseases.

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Circulars Sent to Physicians on Application.

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The innumerable reports from Physicians, of the brilliant results obtained justifies the statement that in almost every case where Cod Liver Oil is indicated, Scott's Emulsion is infinitely superior.

Physicians who have never tried this Emulsion, or who have been induced to try something else in its stead, will do us the favor to send for sample, and we know they will always use it in preference to plain Cod Liver Oil or any other preparation.

We also call your attention to the following preparations:

CHERRY-MALT PHOSPHITES.

A combination of the tonic principles of *Prunus Virginiana*, Malted Barley, Hypophosphites of Lime and Soda, and Fruit Juices. An elegant and efficient brain and nerve tonic.

BUCKTHORN CORDIAL (*Rhamnus Frangula*.)

Prepared from carefully selected German Buckthorn Bark, *Juglans* Bark, and Aromatics. The undoubted remedy for Habitual Constipation.

Be sure and send for samples of the above—delivered free.

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RECENT THERAPEUTIC NOVELTIES.

ANTACID TABLETS, COMPRESSED.

Sir William Roberts, M. D., F. R. S., contributed to the *Pharmaceutical Journal and Transactions* Aug. 24th, 1889, a scholarly paper entitled "Some Practical Points in the Use of Antacid Remedies in Dyspepsia and Gravel." This article has attracted wide attention and so many inquiries regarding it have come to us that we have pleasure in advising our medical friends that we are now prepared to supply in bottles of 100 each, as desired, Compressed Antacid Tablets of the following formula:

Calcium carb. precip., $3\frac{1}{4}$ grains.
Magnesium carb., $2\frac{1}{2}$ grains.

Sodium chloride, 1 grain.
Excipient, q. s.

We shall also be pleased to mail to physicians on request a reprint of Dr. Roberts' article.

PIL. SALINE CHALYBEATE TONIC.

(FLINT'S.)

We beg leave to inform the medical profession also that we have placed upon the market, in the form of sugar-coated pills, the Saline Chalybeate Tonic, recommended by Professor Austin Flint, M. D., LL. D., in the New York Medical Journal, May 18, 1889.

The formula is as follows:

Sodium Chloride, 3 grains.
Potassium Chlorate, 3-10 grain.
Potassium Sulphate, 1-10 grain.
Potassium Carbonate, 1-20 grain.
Sodium Carbonate, 3-5 grain.

Magnesium Carbonate, 1-20 grain.
Calcium Phosp., precip., 1-2 grain.
Calcium Carbonate, 1-20 grain.
Iron by Hydrogen., 9-20 grain.
Iron Carbonate, 1-20 grain.

Dr. Flint says of this formula:

Since the summer of 1887 I have given the tonic in nearly every case in private practice in which a chalybeate was indicated. In many cases I have not been able to watch the effects of the remedy, and in many I kept no records. In thirty-three cases which I have noted as cases of anæmia, with loss of appetite, etc., I have more or less complete records. In twenty-two cases I noted very great improvement, in twelve cases improvement not so well marked, and in one case no improvement.

I have also records of five cases of chronic Bright's disease of the kidneys in adults in which the tonic was the only medicinal remedy employed.

These five cases of albuminuria are reported with reference only to the effects of the "saline and chalybeate tonic. In all the cases this tonic seemed to exert an influence on the quantity of albumin in the urine.

In the great majority of the cases of anæmia, etc., in which iron was strongly indicated, the tonic seemed to act much more promptly and favorably than the chalybeates usually employed. In a certain number of cases in which patients stated that "they could not take iron in any form," the tonic produced no unpleasant effects. Reprint of Dr. Flint's article furnished on request.

AN IMPROVED FORMULA OF BLAUD'S FERRUGINOUS PILLS.

Learning that it was the custom of many physicians to use with satisfactory results a pill combining the ingredients of the well-known Blaud formula with arsenious acid, we now supply the following Pil. Blaud's Ferruginous, modified:

Iron Sulph. Exsic., $2\frac{1}{2}$ grains. Potassium Carbonate, $2\frac{1}{2}$ grains.
Arsenious Acid, 1-40 grain.

The arsenic furnishes antiperiodic virtues to the combination and in this modified form the pill is now largely used.

SUPERIOR GLYCERIN SUPPOSITORIES.

Glycerin suppositories, when first introduced by us, were furnished in paste-board boxes, each suppository being wrapped in pure tin-foil to prevent the deterioration to which it was liable by reason of the hygroscopic character of glycerin.

As a result, however, of experiments conducted during the past summer we have found that these suppositories, if kept in bottles tightly corked, will keep indefinitely without any wrapper, and we are now prepared to furnish them in this form.

As the glass bottles are too heavy for mailing, such suppositories as we have occasion to send by mail, either upon order or as samples, will still be forwarded as before; the tin-foil used being unmixed with lead, and therefore perfectly harmless. The tin-foil should, of course, be removed before using.

We believe glycerin suppositories without any artificial covering, such as tin-foil or paraffin, which has also been used for this purpose, will be far more popular with physician and patient, and serve to prevent, what sometime occurs, the use of the suppository without removal of the wrapper. Send for descriptive circulars.

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